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Original Communications.

OF THE SYMPTOMATOLOGY OF CORTICAL LESIONS OF THE BRAIN.

BY C. W. COVERNTON, M.D., ETC., TORONTO.

(Translation from "Le Progrès Medical).

M. le Dr. Dario Maragliano, physician of the Asylum for Insane at Reggio Emilia, has recently published an interesting work on the symptomatology and diagnosis of cortical lesions of the motor zone of the brain. This attempt at didactic systematization of symptoms by which the lesions of the cortical structure may be comprehended, merits careful attention. It shows the important hold on the foreign mind the doctrine of motor localization has taken, and proves that this doctrine, notwithstanding the opposition it encounters, penetrates every day more deeply into the clinical domain under the patronage of accomplished physicians equally apt in the examination of patients and in the practice of autopsies. The paper of M. Maragliano is in effect essentially clinical; the author has understood the truth developed under various circumstances by M. Charcot, namely, that the study of cerebral localizations in man should only be undertaken with the assistance of notes taken at the bedside and confirmed by autopsies, and that if experimental physiology seeks to throw a light on clinical study, it can in no case subject it, or speak magisterially in a domain which is not its own. The two principal symptoms of cortical lesions of the motor zone are convulsions and palsies. The convulsions of cortical origin have been carefully studied in recent times; they are often designated under the name of partial epilepsy or Epilepsy of Jackson. They are generally unilateral, often even confined to one extremity or to an isolated muscular group. They may become generalized, but their fundamental character is not to be general at the first onset, but to appear first in the face or in an extremity or in a limited segment of an extremity, according to the seat of the lesion provoking it. Often they are not accompanied by any loss of consciousness, and in cases where loss of consciousness occurs it takes place some time after the onset of the convulsions, instead of being initial, as in cases of true epilepsy. Partial epilepsy has a great diagnostic value; it indicates an irritative lesion of the motor zone, that is to say, a lesion which does not destroy abruptly the office of the cortical structure. Palsies of a cortical origin are associated, or not, with partial convulsions, sufficiently frequently they are accompanied by a primitive contraction. Most frequently they commence under the form of a monoplegia, and may remain limited to parts primarily attacked or extend progressively to the entire half of the body, according as the cortical lesion remains stationary or extends successively to all the cortical motor centres of one hemisphere. In other cases palsy follows an inverse march; it assumes at the beginning the hemiplegic form, then it diminishes little by little in certain parts and fixes itself on others in a condition of incurable monoplegia, for once they are definitely established, cortical palsies are accompanied like those which result from central lesions, with secondary contraction and descending degeneration of the medulla spinalis. In short, vaso-motor palsy is in general less marked following cortical lesions, than as a consequence of central lesions, or to speak more exactly, is dissipated quicker and more completely in the first case than in the second. To recapitulate, the dissociation, the progressive establishment or the gradual disappearance, the variability, the frequent conjunction of primitive contraction, the relative lightness of accompanying vaso-motor trouble, such are in the opinion of M. Maragliano the principal characteristics of palsy of a cortical origin. The other symptoms of lesions of the motor zone have less importance than the preceding; they may nevertheless be useful aids to diagnosis, and merit therefore a notice. Lesions which are limited exactly to the motor zone never give rise to anæsthesia. Calender, in St. Bartholomew's Hospital Reports for 1869, attributes a great diagnostic value to the existence of intense cephalalgia occupying a fixed locality, persistent, obtuse and heavy. Some ob-

servations seem to show the exactitude of this view, and to point out that if even cephalalgia is not observed in all cases, it corresponds often when it does exist with the seat of the lesion. When there is no spontaneous pain, it is possible some times to reveal, by percussion of the head, a pain limited more or less intensely. Percussion ought to be practised directly with the finger (middle by preference), by striking light and rapid taps over different points of the cranium. When a localized lesion exists at the surface of the brain, this methodical exploration provokes frequently an intense pain at a limited point, which corresponds with the seat of the cortical lesion. Dr. Robertson, in the Journal of Mental Science, July, 1878, p. 274, reports some cases in which this method had been to him of great assistance in establishing diagnosis.

Cranial thermometry may also in certain cases render real service. Studied in recent times by Broca, E. Maragliano, Gray (Journal of Nervous and Mental Diseases, July, 1878), and still more recently by Paul Bert (Biological Society Meeting of 18th January, 1879), it has already given some precise results from which the clinical observer may derive profit. In order that thermal variations may have value, it is necessary that there should be between two symmetrical points of the cranium a very notable difference (one degree centigrade at least), for differences of some tenth of a degree only may be observed in physiological conditions. The diseased side will, besides, be sometimes colder, sometimes hotter, than the healthy side, according to the nature of the lesions of which it is the seat. It will be colder, for example, if we have to do with arterial obliteration, and hotter when an inflammatory lesion is concerned.

Such are the principal signs of cortical lesions of the motor zone. It is necessary to add that, besides these direct signs, the physician may often utilize in a diagnostic point of view, considerations drawn from the march of the disease, from the summing up, which we think it right to translate textually. If there exists, he says, convulsions, limited or making an appearance at first before becoming general, in a group of isolated muscles, not accompanied or accompanied only tardily with a loss of consciousness; if consecutive to these convulsions or alternating with them, there are circumscribed palsies or hemiplegia, the gradual apposition of which may be considered as the reunion of several monoplegias; if this palsy is accompanied with precocious contraction or with aphasia: if there is in the palsied limbs only a slight and transitory elevation of temperature; if, finally, we discover an obtuse pain spontaneous or provoked by percussion, occupying a circumscribed part of the head, the diagnosis of a cortical lesion nature of certain lesions, or of certain concomitant functional troubles. Aphasia, for example, coincides much more often with cortical lesions than with central lesions: its existence alone presupposes a cortical lesion. Softening concerns more often the cortical than the central portions, if for reasons not necessary to enumerate here, there is reason to think that the patient under observation is affected with softening, the conclusion would be probability of cortical lesion. In utilizing all these elements, we may often arrive at determining in a precise and certain manner a diagnosis of cortical lesion. Unfortunately it is not always thus, and in a good number of cases diagnosis is uncertain and even impossible. M. Maragliano indicates the principal clinical eventualities in the following cannot be in doubt. A reunion of all these symptoms is not even necessary to assure the diagnosis. The simultaneous existence of partial convulsions and of a palsy in the form of monoplegia or hemiplegia, permits the diagnosing with a sufficient certainty a cortical lesion of the motor zone. The aspect of things differs when convulsive phenomena are absent, even when all other symptoms are existing. Diagnosis loses all character of certainty in this case; it becomes simply probable. It is impossible also to diagnose a cortical lesion in cases where lesion of that structure is so extended as to destroy from the commencement the whole of the motor zone, as that happens as a following to the obliterations of the cortical branches of the fissure of Sylvius. Hemiplegia, then, differs in no particular from the ordinary variety of central origin. Finally, diagnosis will be impossible when we find ourselves in the presence of a total hemiplegia, on the mode of evolution of which no particulars can be gathered. We add no commentary to these conclusions, which appear to us to be the actual statement of our knowledge,—the most probable expression of the truth.

Correspondence.

YELLOW FEVER AND ITS CAUSES.

To the Editor of the CANADA LANCET.

SIR.—The following letter appeared in the *Halifax Chronicle*, August 9th.

"The miserable defect of any clear and consistent view of the causes of this disease induces me to publish an idea formed from an early acquaintance with some of its features in Antigua, in the West Indies. *There*, certainly, it has arisen as an epidemic among the British troops, at irregular intervals without being imported. To ignore this certainty is to be ignorant of everything most signal in relation to the disease. But the obscurity which still involves its causes arises, I think, from *one* prevailing error which always clouds the subject.

Everybody knows that it is a disease of hot climates, and that a certain degree of cold checks the prevalence of the disease. But of the two other atmospherical conditions which conduce to generate the disease, one has not been sufficiently appreciated, and the other has been entirely mistaken.

Climatic conditions everywhere are always three, at least.

1. The condition of heat or cold is indicated by the thermometer.

2. The condition of density or rarity (weight or lightness) is indicated by the barometer.

3. The condition of humidity is measured by the hygrometer. (The opposite poles of this third axis are dryness and moisture.)

Now, with regard to the second condition—viz: the density or rarity of air—it is known in Jamaica that the density of hot air aggravates the danger of yellow fever. A certain elevation—about three thousand feet—is said to be "above the fever level."

But as to the third point—of humidity—I write to declare that a constant error has precluded a right view of the concurrent causes which produce the disease. Instead of humidity being a cause of yellow fever, it is the absence of aqueous vapor that causes it. Hot air, *dry* and condensed, inhaled for any protracted period, is the predisposing cause of this disease, and therefore an atmosphere of cold aqueous vapor is the remedial condition indicated. This atmosphere must be produced artificially in hot climates, as the chief essential to the recovery of yellow fever patients. A yellow fever climate is exactly opposite to that cold, aqueous, mountain vapor of the Highlands of Scotland, which is so conducive to health and to a blooming complexion.

In connection with a changed atmosphere to act on the patient through the lungs, baths instant upon attack, and frequent afterwards, will be obviously beneficial as operating through the skin on the depraved functions, and tending directly and indirectly by the aqueous vapor rising from them, to correct the vitiated blood. The fact mentioned by Dr. Read, of the immunity from yellow fever of one hundred and fifty boys who bathed regularly once or twice a day, at Mr. Hammersley's floating bath, strongly supports my view. Frequent bathing would on my theory be prophylactic, as well as remedial during the prevalence of an atmospherical epidemic. The one thing needful for escape from the disease would be an abundance of cool aqueous vapour. Heavy rains in the West Indies sweep away an epidemic which has lasted through dry brilliant weather. This fact noticed by my father, Dr. Musgrave, of Antigua, who wrote on the disease after experience of several epidemics, points to the same conclusion. I venture to urge the use of blocks of ice in the sick rooms to give off cold vapour, in order to cool, to rarefy, and *to make humid* the air inhaled, and I beg you by inserting this letter in your journal to give publicity to this suggestion.

I am, Sir, yours etc.,

BURNTHORN MUSGRAVE.

Salisbury, N.S.

To the Editor of the CANADA LANCET.

SIR,—I am very much pleased to observe the discussion in reference to the Treasurership of the Medical Council. This is one of those questions that requires to be ventilated in the columns of the LANCET, and you deserve the thanks of the profession for giving it the publicity it merits. However agreeable it may be to the present occupant, and advantageous to the medical school of which he is the president, I can assure you his action is not endorsed by the profession generally in this part of the country. Several medical men who are firm friends of Dr. Aikins, have expressed their surprise that he should hold on to the office, while

his position is so open to assault. The officers of an institution like the Ontario Medical Council should be above the suspicion of using their position to the advancement of their own private interests.

The affairs of the Medical Council have been frequently the subject of adverse criticism. Nor can this be wondered at, while it retains in office men who place their own private interests before the general good of the profession. It is to be hoped that the new Council, to be elected in June next, will make a clean sweep, and inaugurate a new and better régime.

Yours truly,

Aug. 20, '79. LEONIDAS.

Selected Articles.

HYPODERMIC MEDICATION.

The *National Medical Review* says: Physicians of the present day carry in a pocket-case more active elements of prompt medication than used to be packed in a good-sized pair of saddlebags of a quarter century ago; and these modern condensed preparations for subcutaneous injection, as we all know, in many respects sepersede the old-fashioned way of administering medicines. In cases of unconsciousness, delirium, strangulation, or other condition in which the patient can not or will not swallow, the proper remedy, in nicely-graduated quantity, injected hypodermically answers just as well as if taken in the stomach; and in many cases, even when the patient can take remedies in the usual way, hypodermics respond more promptly and favorably than other plans of treatment.

We give the following list as embodying the principal conditions in which hypodermics have been employed:

Ununited Fractures. Glacial acetic acid, five to ten minims, between ends of the bones with hypodermic syringe. Iodine has also succeeded, used in same way.

Surgical Shock. Quinine, six grains, hypodermically, with one third grain of morphia.

Urticaria. Saturated solution of bisulphite of soda, injected directly into the part affected.

Hemoptysis. Sclerotinic acid, substitute for ergotine, five per cent solution injected in the neck or arm.

Tumors. Just before removal, hypodermic of half grain of morphine, with a thirty-sixth grain of atropia, directly into the growth.

Chloroform-poisoning. One tenth grain of digitaline, hypodermically, followed an hour afterward with one tenth grain of atropia in similar manner, has been successful.

Erysipelas. Carbolic acid, three-per cent solution, eight or ten injections at the same time, so as to surround and cover the inflamed regions; also salicylic acid in same manner.

Carcinoma. Acetic acid, one part to three of water, injected into the cancer has proved successful in shriveling the tumor and obviating an operation.

Cerebral Apoplexy has been successfully treated by subcutaneous injections of ergotine in the arm.

Hiccough. In an obstinate case, resisting all other means, three eighths grain of chlorohydrat of pilocarpin, hypodermically, quickly proved successful.

Puerperal Convulsions. Chloral subcutaneously has been pronounced better than when swallowed.

Foreign Body in Œsophagus. Threatened strangulation from impaction of gullet has been promptly relieved by inducing vomiting. Apomorphia, one tenth grain, hypodermically. Emetina is also suggested in same way.

Strychnia-poisoning. Caffein, one grain, hypodermic; alcohol in same way is also suggested; chloral injections are also mentioned.

Puerperal Eclampsia. Veratrum viride, two to four drops of the tincture, subcutaneously, as required to keep the pulse down to about sixty. Pilocarpin, two-per-cent solution, is also recommended.

Trichinosis. Tincture of ergot and ergotine have effected speedy cures, hypodermically, into muscles affected.

Skin-diseases caused by Animalculæ. Sulphuric, carbolic, salicylic, or sclerotinic acids, hypodermically, as in erysipelas.

Nasal Polypus. Carbolic acid, one part; glycerine, four parts; twenty drops sunk into tumor by means of hypodermic syringe effectually dissipated polypus in case reported.

Eczema. Arseniate of soda, hypodermically, in solutions of one fifth, one half, and one per cent, commencing with ten minims of the weaker and gradually increasing is recommended.

Nocturnal Enuresis. Two very small doses of the nitrate of strychnia, injected in the vicinity of the rectum at suitable intervals, have proved successful.

Croup. Sulphate of atropia, one-per-cent solution, has proved successful in a desperate case, injected in the neck on level with pneumogastric. Three drops, repeated after four hours.

Congestive Chills. Ten drops of tinct. belladonna, hypodermically, every fifteen minutes, until the pulse became distinguishable, succeeded where the patient was unconscious and unable to swallow, followed by hypodermics of quinine, brandy, or whiskey.

Goitre has been successfully treated by subcutaneeus injections of ergotine, one third, gradually increased to one grain.

Membranous Croup. Equal parts of water and sol. ferri perchlor, injected into the trachea, piercing the needle through just below the thyroid cartilage, dissolves the membrane, enables its expectoration, and substitutes tracheotomy.

Erectile Tumors have been successfully treated by injections of perchloride of iron and chloride of sodium in solution, the tumor to be surrounded by a ring.

Abortion has been caused by hypodermics of pilocarpin. This should insure caution.

Hemorrhages. Hemoptysis, hematemesis, and uterine hemorrhages have all been arrested by hypodermics of ergotine. If pain, add morphia.

Night-sweats. Atropine has given good results in injections of about one fortieth of a grain at bedtime.

Tetanus. Chloral hydrate is recommended in conjunction with chloroformization, alternating it with other powerful anodynes and antispasmodics.

Infantile Convulsions. Morphia, subcutaneously, with inhalations of five drops of nitrite of amyl immediately following, have proved successful.

Retention of Urine from paralysis of the bladder, accompanying typhus, variola, and hydrocephalus has been promptly overcome by hypodermics of ergot in the fossa behind the great trochanter.

Arrest of Perspiration. Pilocarpin, the alkaloid of jaborandi, will cause more or less profuse sweating, according to amount injected beneath the skin.

Opium-poisoning. Quite rapid recovery is reported to have followed *warm* hypodermics of fluid extract coffee in thirty-minim doses. Caffein citrate and sulphate atropia are also considered antidotes to opium.

Suspension of Salivary Secretion. Pilocarpin used as heretofore explained excites salivation.

Chorea. Curare, in hypodermics of from one tenth to one twentieth of a grain daily, has been found valuable in this disease.

Obstruction of the Bowels. Aloin has been used with success, subcutaneously, to move the bowels.

Hydrophobia. Much amelioration of the symptoms has followed hypodermics of curare.

Bubo has been aborted by injecting carbolic acid into the centre of the swelling.

Syphilis has been treated by solutions of some of the mercurials, injected locally.

Hernia is more easily reduced by giving a hypodermic of morphine with or without atropia.

Dysentery. Morphia, hypodermically, in one-third-grain doses, has been found more rapid in relieving tenesmus than any other opiate.

Epilepsy. Curare, in solution, seven grains in twenty-five minims water, with two drops hydrochloric acid. About once a week inject about eight drops beneath the skin. It has cured cases of several years' standing within two months.

Snake-bites. Ammonia, brandy, carbolic or salicylic acids are all recommended, hypodermically, in case of snake-poison, and have been injected with benefit directly into a vein.

THE USE OF THE FORCEPS AND ITS ALTERNATIVES IN LINGERING LABOR.

The admirable opening address of Dr. Barnes was not followed up with the ability which might have been expected, some of the addresses being prolix and not very ehifying. The opinion of the leading English obstetricians on this subject have much interest, however. Dr. George Kidd, of Dublin, in reference to the "high operation," thought no one would hesitate to apply the forceps when the os is nearly or entirely dilated, and the head lying at the brim and making no progress. The point is, are we to use the forceps when the os is undilated? Dr. Kidd thought not. Even when the os is dilatable, he thought manipulation better. Even, also, when the os was dilated to an inch and a half, to proceed and introduce the forceps to drag the head down through it, was, he believed, a dangerous practice. He preferred the warm bath chloral, or chloroform, etc. When, however, there is some minor disproportion or a malposition, Dr. Kidd would use the forceps high up with the os undilated. "But," he concluded, "to let it go forward as our teaching that we may always use, or should always use, the forceps early in the first stage of labor, when there is no urgent demand for it, except the time that has been passed, would I think, be most unfortunate for society, and for our profession."

Dr. Thorburn, of Manchester, inveighed against the use of ergot with an undilated os, and urged the more frequent employment of chloroform. Prof. Stevenson, of Aberdeen, and Mr. Newman agreed with Dr. Barnes. Dr. Malins, of Birmingham, maintained that in the majority of cases in which the "high operation" is used the alternative of turning is as efficient as easy, and as safe a practice as the use of the forceps. Dr. Alderson and Mr. Worship followed, urging the frequent employment of the forceps. Dr. Edis considered the forceps as an aid to supplement the defective arrangements of nature, and not as a last resort. When evidence of flagging powers showed itself, he would apply outside pressure by the hands or with a binder. He would not use ergot. Dr. Lombe Atthill thought that if any aid was necessary to midwifery, the forceps was superior to any other. With respect to the use of ergot, this was absolutely prohibited in the Rotunda Hospital, under his

management. The real question at issue, he thought, was whether the use of the forceps was justifiable in cases in which the os was not fully dilated. As to this, Dr. Atthill said, "I avoid the use of the forceps before the os is fully dilated in all cases in which I can do so; but, on the other hand, if a case occurs in my practice in which I believe it imperative to deliver the woman before the os is fully dilated, I unhesitatingly have recourse to the use of the forceps, notwithstanding that the os uteri is not fully dilated. I believe that practice is safer than the practice of version."

Dr. McClintock, of Dublin, could not agree with Dr. Atthill in his denunciation of ergot. He (Dr. McClintock) customarily used it in the later stages of labor, and could see no objection to its employment. He considered it a most valuable remedy, and not likely to do harm. He agreed with Dr. Barnes as to the use of the forceps in the higher operation. Dr. Roper, of the Royal Maternity Hospital, appeared as the most strenuous opponent of frequent use of the forceps. When used in lingering labor due to inertia, he used ergot at the same time. Although ergot stimulates the uterus to increased action, it does not always succeed in expelling the child. When the influence of the ergot is expulsive, the forceps is not needed. When, however, the uterus under the influence of ergot merely seems to contract upon the child, death will ensue unless the forceps are used to aid expulsion. We cannot expel the child by pressure from without on the fundus, as we can the placenta. Yet these manipulations may excite the uterus to contraction. The forceps may also be used in the opposite variety of cases, where in robust primiparæ the powerfully-acting uterus in the end is unable to overcome the rigidity of the soft parts of the outlet. We are warned by the pains becoming less forcible and frequent, and there is less movement with each pain. Here we should anticipate the occurrence of dead-lock, and supplement the powers of nature before the break-down takes place.

As to the high operation, Dr. Roper had never seen a single case of death, either of child or mother, or of damage to the maternal structures, from a protracted first stage of labor. Of course, it is understood that allusion is made to natural labors, with the exception of a rigid state of the os uteri. A wide distinction must be kept up between a head above the brim which does not come down, because in the one case it is obstructed by the brim itself (a bony obstruction) and in the other by the rigid os aud lower segment of the uterus. In nervous women who bear their pains badly, the forceps may be used with propriety. The forceps are used too frequently, and it is possible that much of the gynæcological work of the present day results from this frequent interference with the natural functions in childbirth. Dr. Roper himself has only used the forceps eighty times in nine thousand three hundred and eighty-nine cases.

Dr. Braxton Hicks spoke of *trismus* of the uterus, where the fœtus is held firmly grasped; and here chloroform may be substituted for the forceps to advantage. This irritable condition of the uterus is sometimes brought on by the too early use of ergot. Occasionally fissures of the cervix occur without the forceps having been used, and occasionally, perhaps, the forceps used high up is blamed for these.

The discussion was then adjourned to a later meeting.—*Med. Times.*

PARACENTESIS PERICARDII.

Dr. John B. Roberts read a paper at the Phila-County Medical Society, (*Med. Times*), entitled "Is Paracentesis of the Pericardium Justifiable?"

Dr. Wm. Pepper said that this operation is one of a group which he had always been inclined to claim for medical men rather than surgeons, as the operation itself is a comparatively trifling one, while the questions of the time for the operation and its conditionu are of the greatest interest and importance. He agreed with Dr. Roberts in his reply to the caption of the paper, and thought that recorded results were sufficient to authorize an affirmative answer to the question.

From observation of post-mortem examinations in which unsuspected pericardial effusions are sometimes found, he had concluded that such large effusions are not infrequent, but that they may be, and doubtless often are, entirely overlooked during life. And yet the physical diagnosis is, as a rule, very simple and easy, the only possible difficulty being in the case of a dilated heart, where there is a feeble, asystolic action of the ventricles, accompanied by extended area of dulness. That this difficulty exists must be admitted, since cases have been reported in which paracentesis of a dilated heart has been performed under the impression that there was fluid in the pericardial sac, and this in the hands of men whose position is evidence that they were competent to decide. Of course, the case is different where the physician has watched the patient from the beginning, as in a case of acute rheumatism, where frequent examination of the heart is required. In such cases he would detect the early friction in the pericardium before the effusion of blood in sufficient quantity to separate its layers. The difficulty in diagnosis would only occur where you are called in to see a case that is fully developed; but even then there are points that would generally prevent a mistake: these are the altered intensity of the sounds, the relation of the cardiac impulse to the

intercostal spaces, and the outline of the percussion dulness; and it would seem that with due attention to these points no mistake can occur. There are complicated cases, however, where some doubt must remain. In a patient operated upon recently, there was a large pleuritic effusion accompanying one in the pericardium. In such a case he would recommend that the pleural effusion should be removed by the aspirator, and, if necessary, the pericardium can be subsequently tapped. This course was adopted in the case referred to; and it was found that after removal of the fluid from the pleural cavity, the effusion in the pericardium was absorbed without further interference, under medical treatment.

In regard to the point selected for introducing the needle, he would prefer one that is a little farther from the sternum than Dr. Roberts has recommended, and in the fifth interspace, as being less likely to injure the ventricle; at a site about on a line with the nipple, a little to the outside of the position of the normal apex beat.

In performing the operation, a moderately-large aspirating needle is preferable to a small one, since inflammatory effusion in the pericardium is apt to contain shreds of lymph which would clog a small needle. It is difficult to introduce a plunger to clean a small tube, and they are also less easily reintroduced if it becomes necessary to remove them to clean them. For this particular operation he had devised an instrument which can be used without danger of scratching the heart, but which he had only tried on the cadaver.

In regard to the operation, it has simplicity in its favor. As the results are always brilliant in the marked relief and improvement it affords, and as it frequently prolongs life so as to give time for the action of other remedies, it will compare favorably with any other procedure in the field of legitimate surgical operations.

Dr. Roberts stated that he had not intended to recommend a very small aspirating needle, but one of moderate size. He would not use a large one, on account of the injury to the pericardium, and the probability of subsequent leakage into the pleural cavity, and possible pleurisy. As regards the shape of the trocar, he believed that Fitch's dome-shaped trocar was less likely to injure the heart.

In regard to the diagnosis, too much stress is laid upon the pyramidal shape of the dulness; the statement in the books is that it is a *rude* triangle, and it might happen that because it was not more perfect some doubt might exist as to the diagnosis.

MARTIN'S OPERATION OF EXTIRPATION OF THE KIDNEY.

Dr. J. Marion Sims (*Am. Med. Bi-Weekly*, from *Med. Record*) "It has remained for Dr. Martin, (son of the late Prof. Edward Martin), to open up a new field for and a new method of doing this operation. He has now extirpated the kidney five times—four times successfully. And, strange to say, he has done the operation for what is known as floating kidney. His operation before Listerism would have been wholly unjustifiable. But now it is justified by its simplicity and its success. It is as simple, if not as easy, as ovariotomy, and quite as successful. Certainly so in Martin's hands. I had the satisfaction of assisting at Martin's fifth operation, on the 19th of April. The operation is by abdominal section. Instead of using a single table, five feet long, for his operation, he has two tables, each about two and a half feet long, end to end, one being a little lower than the other. The patient was chloroformed in her own chamber, and then brought into the operating room, and placed on the table, with the head to the window. The head was on the lower table, the pelvis on the higher one. The head was placed low, with the intention of preventing syncope, the chief source of danger in the use of chloroform. Martin's spray apparatus is an enormous affair that will work for hours. It was placed six feet or more from the patient, and the spray passed over the assistants and fell on the patient, not in a dense cloud, but in a sort of mist. It seemed to me to be "too much of a good thing."

The operation was begun at ten minutes to 8 a.m., and was finished in twenty-six minutes. It was done slowly and with great pains-taking. The incision was begun about two inches above the umbilicus, and extended two inches below it. The bleeding from the edges of the abdominal wound was arrested as in ovariotomy, with hemostatic forceps. The peritoneum was then incised. Some folds of small intestine protruded, and were pushed back and retained by a carbolized sponge probang. The kidney was then pushed to the abdominal incision by pressure on the loin behind, where it was seized with a vulsellum and securely held. The peritoneum investing it was then opened longitudinally; and the kidney was enucleated and brought freely into the peritoneal cavity. Some large veins on the surface were ligated, and its attachments (consisting of the renal artery, renal vein, and ureter with cellular investments) were tied in sections, just as we secure a broad pedicle in ovariotomy. The pedicle (so to say) of the kidney, necessarily running longitudinally with the kidney, about three fingers' width long, was transfixed and tied with five separate ligatures. The kidney was then neatly dissected away from the pecicle and removed. The pedicle was dropped back into its proper place behind the peritoneum; the peritoneal cavity was then carefully sponged dry; and the external wound was closed with interrupted sutures. The sutures and ligatures were carbolized silk. Anti-

septic dressings were applied, and the patient removed to her bed." There seemed every probability that she would recover, but death occurred three days later from peritonitis. All his cases were for floating-kidney. "Heretofore we have told our floating-kidney patients that they must accept their condition as incurable. Whether we will readily follow the bold example of Dr. Martin, and extirpate floating kidneys hereafter, is a question.

Dr. Sims refers to a case of kidney disease, complicated with abscess and stone in the pelvis of the kidney, and says: "In such cases as this there is certainly a future for Martin's operation. In such a case as this we might cut down on the kidney, as Martin does, and if we found a stone in the pelvis we could remove it, close up the incision with suture, return the kidney to its place, and leave the case to nature's efforts."—*St. Louis Clin. Record.*

PHARMACOPŒIA OF THE PENNSYLVANIA HOSPITAL.

MISTURÆ.

1. *Mistura Feyri Arsenicalis.*

℞ Vini Ferri ..... f ʒ iij
Liq. Potassii Arsenitis, ...
Syrupi, ... aa f ʒ ss
Aquæ ..... f ℥ ss
M.
Dose, one teaspoonful, diluted, after meals.

2. *Mistura Antimonii Composita.*

℞ Vini Antimonii ..... f ʒ j
Syr. Epicac ..... f ʒ ij
Tr. Opii Camph ..... f ʒ j
Spts. Ætheris Nitrosi ..... f ʒ ij
Ext. Glycerrhizæ ..... gr. xv.
Aquæ ..... f ʒ ij
M.
Dose, one to two teaspoonfuls.

3. *Mistura Acida Astringens.*

℞ Acidi Sulphurici Arom ..... m xl
Ext. Hematoxyli ..... ʒ j
Tr. Opii Camph ..... f ʒ iv
Syrupi Zingiberis q. s. ad. ..... f ℥ j
M.
Dose, two teaspoonsful.

4. *Mistura Cretæ Composita.*

℞ Mist Cretæ ..... f ʒ v
Tr. Catechu,
Tr. Opii Camph ..... aa f ʒ iss
M.
Dose, a teaspoonful.

5. *Mistura Olei Phosphorati.*

℞ Olei Phosphorati ..... m xvj
Olei Gaultheriæ ..... m viij
Muc. Acaciæ q. s. ad ..... f ℥ j
M.
Dose, one to two teaspoonfuls.

6. *Mistura Potassii Chloratis et Ferri.*

℞ Potassii Chloratis ..... ʒ ss
Tr. Ferri Chlor ..... f ʒ j
Aquæ q. s. ad ..... f ℥ j
M.
Dose, one teaspoonful.

7. *Misturat Ferri Aperiens.*

℞ Ferri Sulph ..... grs. ii
Magnes. Sulph ..... ʒ ii
Aquæi ..... ℥ j
M.
Dose, a tablespoonful.

8. *Mistura Potassii Iodidi co.*

℞ Potas Iodidi ..... grs. xx
Hydrarg. Perchlor ..... gr. 1-6j
Aquæ Cinnam ..... ℥
M.
Dose, two to four teaspoonsful.
—*Hospital Gazetee.*

SOURCE OF THE ALARMING HEMORRHAGES OF PHTHISIS.

The difficulties experienced when we search for the exact point of the origin of the vascular alterations in hemoptyses have been a most serious obstacle to an exact knowledge of its pathology. This explains why the discovery of aneurisms of the arteries of the lungs in phthisis is of recent date, since, in spite of a few facts previously published, it is principally due to the researches of Rasmussen, made popular in France by Professor Jaccoud. Having had occasion to observe two cases of hemoptysis in my service at the Laennec Hospital, I have been fortunate enough to discover easily the point of origin of the hemorrhage by the aid of a method of which I wish to explain in a few words.

The first idea which comes to the mind in making these anatomo-pathological researches is to open the bronchial tree, in following the branches by which it comes into the trachea. It is impossible in this way to find the ruptured vessel, for the trachea, as well as the large and small bronchial tubes, is filled with a bloody mucus which everywhere appears nearly the same. The mechanism of these terrible hemorrhages is as follows: The blood flowing from the arterial perforation into the cavity flows continually into the corresponding bronchial tube, thence into the trachea, where by the respira-

tory movements it is mixed with air. It results, therefore, the acts of inspiration draw this bloody mucus into the bronchial ramification, so that the subject succumbs not so much by the amount of blood lost as by the obstacle to respiration produced by the presence of a liquid in the air passages. This was the cause of death in the two patients mentioned in this communication, and I am convinced that it is the rule in the majority of cases.

To discover the vessel whence the blood had during life proceeded, I placed a canula in the pulmonary artery and injected water. Finding this came out by the right bronchus, I then fixed the canula in the right branch of the pulmonary artery, opened the principal bronchial tubes and again injected. Then finding the liquid issuing from a single lobe, the canula was fixed into the vessel of this lobe, and the corresponding bronchial tubes being cut the injection continued. It was now easy to follow by dissection the bronchial tube from which the water issued, and to come directly upon the cavity, and see the liquid issuing by the perforation of the artery. In this preparation, I show you a branch of the pulmonary artery of the third or fourth order adhering to the wall of the cavity into which it projects. The ulcerative process which has continually enlarged the cavity in the pulmonary tissue has respected the arterial tunics which it has partially isolated from the tissue of the lung surrounding it; but under the influence of the ulceration the artery is altered at a portion of its circumference. The vascular tunics, weakened by disease, yield to the pressure of the blood, and distending form a true aneurism, whose coats are the internal and middle coat of the artery implicated. The walls of these small aneurisms are still further weakened by a caseous degeneration of their elements, and finally burst, producing the hemoptysis.

In the first of my cases a young man of twenty-five years, had pulmonary symptoms for eleven months. Signs of large cavities existed at the apex of the left lung. A first hemorrhage, estimated at six ounces, stopped easily; three days after it was renewed, and the patient died in about a quarter of an hour, after losing about two quarts of blood and mucus. The post-mortem showed a sacciform aneurism of the size of a large nut projecting into the cavity, and developed on an artery of the third order, which also projected from the wall of the cavity. In the sac were two perforations, one-eighth of an inch in diameter. In my second case, besides the pulmonary aneurism which caused the fatal hemorrhage, I found another unbroken in a cavity in the opposite lung.—*Gazette des Hospitaux—Western Lancet.*

PATHOLOGY OF ADDISON'S DISEASE.

In the *Archiv de Physiologie Normal et Pathologique*, 1878, Nos. 5 and 6, M. Jacquet arrives at the following conclusions: 1. In Addison's disease the bronzed skin one finds only as a lesion of the sympathetic system, and pigmentation, without atrophy, of the nervous cells of the ganglia which are in the neighborhood of the diseased suprarenal glands. 2. The degeneration of a part of the nervous fibres attaching the semilunar ganglia to the nervous centres ought to be regarded as secondary and consecutive to the process of sclerosis which accompanies the tuberculization of the capsules. 3. That lesion is insufficient to serve as the basis of a pathogenic theory of Adison's disease. 4. Hyperpigmentation of the nervous cells of the great sympathetic and of the cerebro-spinal system is a fact of the same order as the hyperpigmentation of the epidermic cells of the Malpighian plexus. 5. This hyperpigmentation renders probable the existence of an alteration of the blood by the substances which a suprarenal gland would, in the normal state, be employed in utilizing by transforming them. 6. The alteration of the blood by functional or organic insufficiency of the suprarenal glands is a pathological phenomenon analogous to that which exists in chronic uremia. 7. Alongside of the melanodermia, by alteration of the suprarenal tissue, there seems to exist cases in which the melanodermia is due to the lesion of other blood-making organs. 8. Clinical researches in Addison's disease ought especially to be directed to the chemical analysis of the blood and the urine.—*London Med. Record*, April 15, 1879.

ON SCURVY.

The following clinic on Scurvy, by J. M. DaCosta, M.D., is reported in the *Hospital Gazette*:—This disease is not often met with in private practice, but we meet with it very often in the wards of hospitals. There have been a number of cases recently under my charge in this hospital and I have thought it worth while to bring the most marked of these cases before you to-day and to devote a short time to a discussion of its symptoms and treatment.

Case I.—T. H., æt. 35, a strong, well built, hardy sailor, has been on a two months voyage on an English ship which sailed from Cardiff, Wales, to Carthagena, Spain, and thence to this city. During this time he subsisted almost entirely on salt food. Two weeks prior to his admission (yesterday), he began to suffer pain in his bones, and particularly in the large joints, *i.e.*, ankle and knee. The left ankle, indeed, became so swollen in the course of this attack that he had not been able to work at all during the eight days prior to his entrance into the hospital. There was no ap-

pearance of fever during this time, and he always slept well at night. His bowels were constipated, however, and he complained of a moderate amount of debility.

What he came here for and what was the worst symptom to him, were the peculiar rheumatic pains, (I use this expression in his sense, and not in my own), which he felt, especially round his left ankle and knee. These, indeed, were the predominant features of the disease when he first came.

Upon examining him yesterday, I found that these pains were associated with numerous ecchymotic spots most plainly visible on the inner aspect of the left ankle. Joined with this ecchymosis. There was some swelling—the skin presenting a glazed appearance as if it had been painted with collodion, but the resident physician assured me that this was not so. There is some slight want of power in this foot (left) and some pain upon motion. There is also general pain in both the knees.

But let me turn to the other symptoms. The one which is the most significant is the appearance of the gums. They look spongy and scorbutic, particularly in the upper jaw. The tongue is clean. The breath was at first fetid, but is less so now. The man's bowels are constipated. The urine was examined, and found to be acid, and free from pus albumen. The patient's temperature upon admission was normal, *i.e.*, 98½°, and it has remained so since.

Upon auscultating the chest, and more particularly the heart, I can plainly distinguish a systolic, soft murmur. This murmur is most marked over the body of the left ventricle. The area of the splenic dulness is enlarged so that it extends to the margin of the ribs. The hepatic dulness is normal. There is no cough and has been no hemorrhage from the nose or lungs, and no dropsy. This concludes the clinical record of the case. Before I expatiate upon the character and treatment of the disease I will show you this other case.

CASE II.—This case is less marked, and were it not that the man comes from the same ship, has eaten the same restricted diet, and has been exposed to the same circumstances, his true condition might very easily escape notice. He complains of the same pseudo-rheumatic pains (excuse the expression), and his debility is still more marked than in case number one. This is the history:

W. B., æt. 29, a sailor; has had the same shooting pains in his legs. His tongue is clean as in *Case I.* His gums are spongy. He has had no fever. There is no albumen in his urine. No marked dyspepsia and no special depression of mind. His bowels are also constipated. There is in this case also the same soft, systolic murmur over the body of the left ventricle, with much greater rapidity of the action of the heart than existed in *Case I.* This case is not quite so pure a one of scurvy as *Case I*, as the man has a specific history. And we might well attribute the rheumatic pains to this specific condition were they not explainable otherwise.

Having then examined these cases with sufficient accuracy, let us group them together, see in how far they are alike, and close with a few explanatory remarks.

And first let me call your attention to the causative element of the disease. The men are both sailors, and have been limited for a long time to the same salt diet, and exposed to the same hardships. This salt diet fails to meet the requirements of the system. You all know that scurvy is produced most commonly by the withdrawal of the vegetable juices from the diet. It is, in other words, as we now understand it, oneness or sameness of diet, for even fresh animal food will produce it if no other diet be allowed. The peculiar elements supplied to the blood by vegetable foods are wanting. Salt provisions are, however, much more likely to bring on the disease than a long continued fresh meat diet. In this respect the cases are alike.

This brings us to a consideration of the symptoms, and the question arises, are the symptoms presented by these two men, the symptoms of scurvy, are these typical cases? in fine, what are the peculiar symptoms of scurvy? What I have styled *pseudo-rheumatic* pains are a very common feature of the disease. These pains have quite frequently been mistaken for those of rheumatism in the lower extremities. A patient with these pains will very often consult you for rheumatism, when his other symptoms will show you very plainly that the case is not one of rheumatism at all. Another point—these pains, like rheumatism, are usually associated with some stiffness of the joint and with the production of pain upon motion. They are almost always limited to the lower extremities; at all events, it is in the lower extremities that they are most marked.

These pains are present in both of these cases, and in both of them we find spongy gums, which are, without doubt, the most reliable diagnostic sign of scurvy. In both cases the tongue is clean and there is but slight, if any, gastric derangement. In both cases there is constipation, and in case number one some fetor of the breath. These symptoms, viz: clean tongue, constipation, and fetor of the breath are all common to scurvy.

In Case I there are some additional points of interest; one of these is the peculiar ecchymotic eruption on the inside of the left ankle. This is a symptom very peculiar to scorbutic extravasation. There is also in *Case I* some enlargement of the spleen, and this, although the man has never had malarial fever, so that it has a still greater significance as a symptom. So too, we find in both cases what is not generally recognized as an accompaniment of scurvy, namely, a soft, systolic, ventri-

cular blood murmur, which is unassociated with any symptom of cardiac enlargement. In neither case have there been any febrile phenomena, and in neither case have we been able to discover any albumen in the urine. With this I think that I have exhausted the category of symptoms.

Do such cases ever occur in private practice, you will, with great propriety, inquire of me. To this question I will answer both yes and no. Marked cases of the disease are not likely to present themselves in private practice, but less marked instances you will most undoubtedly meet with. If you know what fully developed scurvy is, you will understand these less marked instances. Emotional persons, living in luxury, begin to bring themselves down in diet. They never have very much appetite, and they think the less they eat the less they will suffer from dyspepsia. Such persons drop first one and then another article of food, and are in reality starved, although driving about in handsome carriages. Such instances may not be striking ones, and yet you will find in them spongy gums, lassitude, fetor of the breath, clean tongue, and a more or less strongly marked tendency to constipation. These people, too, have pseudo-rheumatic pains. They have tried electricity, perhaps, and tried limiting their diet, and made a tour of the various baths, and yet their pains are not improved. You may be surprised to hear me say so, but I assure you that these are real cases of scurvy, although they are only half developed. Certainly my diagnosis would not seem to be sustained by the circumstances of the patients, and yet I have cured very many such cases by this key, and by therefore, putting them upon the proper treatment for scurvy.

I have even known of the existence of ecchymotic spots on the legs of such people just as is the case here, and this, too, in those living upon the best of the land, and with apparently everything to gratify their tastes.

What are we to do for these cases? How are we to treat scurvy? I am now speaking of the proper treatment of *Case I*, for in *Case II*, the scurvy is evidently complicated by specific disease. Of course, the first thing to be done is to vary the diet and particularly to let the patient eat whatever vegetables may happen to be in season. Among vegetables I may mention particularly celery, spinach and onions. Onions, though not imparting the most pleasant of odors to the breath, is a most excellent anti-scorbutic. Let the patient eat potatoes and a varied vegetable diet. Then the fruits are always of value, such as oranges, lemons, grapes etc. Our object, of course, should always be to introduce the ingredients of vegetable food into the diet in their most inviting form.

When the fresh vegetables cannot be easily procured, lemonade, freely partaken of, is a very fair substitute. With it the patient should eat a moderate amount of fresh meat and fish.

As regards medicinal agents, irrespective of diet, the mineral acids do most good. These remedies are of especial value in such cases as these now before you, where we have noted the presence of a distinct murmur, not of cardiac, but of anæmic origin. To the mineral acids, we can of course add iron.

Case I has been taking the tincture of the chloride of iron with muriatic acid—twenty drops of the former with ten drops of the latter (strong muriatic acid) well diluted, thrice daily. With this treatment I look for a decided abatement of the symptoms.

In *Case II*, I will carry out this same treatment to some extent, for as there is a syphilitic eruption present he will require specific treatment in addition. With this in mind, I have given orders that he should have one twenty-fourth of a grain of the bichloride of mercury thrice a day. The rules of diet must be the same for this man as for *Case I*.

Time will not allow of my engaging in the speculation as to whether scurvy can be prevented by the proper use of lime juice, a supply of which all captains should carry with them when going upon a long voyage. All I can do is to merely hint at the subject, which if properly and fully considered would carry me far beyond my allotted lecture hour.

TREATMENT OF EPILEPSY.

A. McLane Hamilton, M.D., says in regard to the treatment of epilepsy, (*Medical Record.*) I am in favor of combining bromide of sodium with bromide of ammonium, equal parts of each, and of administering sixty grains of the combined salts together with thirty grains of hydrate of chloral daily. The doses should be divided so that the largest may be given a short time before the fit is likely to occur; that is if any regularity in the occurrence of the convulsions can be distinguished. Of course this quantity may be increased if occasion requires. In other cases the bromides given in combination with bicarbonate of potash and some simple bitter tonic, as recommended by Brown Séquard, will produce wonderful results. These remedies are especially serviceable in the nocturnal forms of the disease, and, in fact, are to be commended in the treatment of attacks of an irregular character. I will caution you against giving the bromides with the mere idea of exhausting, as it were, or stamping out the disease. It is of the utmost importance to combine with them cod-liver oil or some other fat making material which improves the nutrition of the nervous substance. It has been my good fortune in many instances, where the bromides have been given in excessive doses (even to the point of producing full bromism, and yet without producing any apparent effect upon the disease), not only to diminish the

number of seizures by reducing the quantity of bromides administered—and giving cod-liver oil, cream, extract of malt or linseed oil—but to decidedly improve the general health of the patient. If the disease has appeared in a patient over twenty years of age, especially when the characteristics of the disease are such as I have described when speaking of syphilis as a cause, we may use the combined iodide and bromide treatment, or, better still, the bichloride of mercury. One secret of success in the management of this form of the disease, and in fact nervous syphilis in general, is to push the administration of the iodides as far as we can safely go, and this must be done rapidly. Whatever you do in the treatment of this discouraging affection, be consistent and methodical; it is extremely injudicious to make changes and try new combinations when the patients are doing apparently well, or even some time when no change follows, or to relax your vigilance over the invalid's personal habits. For epilepsy is essentially a disease, I believe, in which there is a habit, if it may be so called. In many cases, in fact in a large proportion of all, there is a regular recurrence of the fit; and every day gained after the time when the attack usually occurs is to the patient's advantage, and helps to break up the tendency to regularity.

DIARRHŒA OF CHILDREN.

Dr. A. A. Smith *(Med. Record)* gives the following in regard to the treatment of diarrhœa in children.

Whatever the cause, all children, whether infants or those older, ought to be kept quiet when suffering from diarrhœa. They should be kept in a partially darkened, quiet room, free from noise, and all talk in the room should be avoided, especially when the child is asleep. The nervous system in childhood is so impressible it is easily disturbed, and any disturbance of this kind aggravates the diarrhœa. Infants under one year ought to be kept lying down as much as possible. They should not be jolted up and down, as is the custom of most nures and some mothers, in order to amuse them. If the child is under one year, let it be placed on a pillow, if the diarrhœa is severe, as it can be kept quiet more easily in this way than when lying on the lap. Even in changing the napkin care should be taken to move the child as little as possible. Don't be afraid to keep the room well ventilated in which the child lies. Mothers are usually over careful for fear the child may take cold, and on this account are apt to keep the room too closely shut up. When the child is awake it can be carried carefully into open air, always in the shade. Salt-air is beneficial to almost all forms of diarrhœa in children, and this specially so in regard to city children. We in the city, therefore urge a ride on the salt water, or taking the child to the sea-shore if possible. In all cases, in children under a year, if the diarrhœa is severe, keep warm applications over the abdomen: make a spice bag. Take a half ounce each of cloves, allspice, cinnamon and anise seeds pounded, but not powdered, in a mortar, put these between two layers of coarse flannel, about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, or whiskey, or alcohol), and water equal parts, and apply it to the abdomen warm, renewing it when it gets cool. In this way we not only get the effects of a poultice, but we also get the sedative and antiseptic effects of the spices. Great heat, with influences that depress the nervous system, bad hygienic surroundings, improper diet, too early weaning, bottle food, and dentition, are among the causes that predispose to diarrhœa.

EXTIRPATION OF THE UTERUS.

[Dr. Marion Sims *Medical Record*, gives the following account of the operation by Prof. Schrœder of Berlin.]

The name of Schrœder is well known amongst us. We are all familiar with his classic work on gynecology and with his great success as an ovariotomist since his adoption of Listerism. He is yet a young man, with a splendid record and an assured brilliant future. I saw in his wards an interesting case of extirpation of the uterus for sarcoma.

The operation had been performed about ten days before, and the patient was convalescent. She was nearly forty years old, and had a tumor about the size of an egg in the body of the uterus. A bit of it was scraped out with the curette, submitted to the microscope, and found to be malignant.

Prof. Schrœder then determined to extirpate the organ. He made the incision as for ovariotomy; drew the uterus up from the pelvis; transfixed the cervix with a double ligature antero-posteriorly, just above the vaginal junction; tied one on each side, including the corresponding part of the broad ligament just as Péan does; and then he amputated the body of the uterus from the cervix at the os internum. This left a raw surface about an inch and a half in diameter, which Péan and others have been in the habit of pulling outside through the lower angle of the abdominal incision, and fixing it there, as they did the pedicle in ovariotomy. The clamped pedicle and Listerism are antagonistic, if not incompatible. Prof. Schrœder did not wish to leave a sloughing pedicle outside; nor did he wish to leave a suppurating one inside the peritoneal cavity. And he hit upon this happy idea. He excised the cervix conically from the amputation surface down to the surface at which it had been trans-

fixed with the ligatures; and then he brought its thin edges together antero-posteriorly, and secured them with fine interrupted carbolized silk sutures. Thus the incised surfaces were brought into contact internally, leaving only serous surfaces in contact in the peritoneal cavity. It was beautiful in theory and successful in practice; for the patient recovered, with the pulse and temperature remaining very nearly normal all the time.

SPINAL IRRITATION.—TREATMENT BY APPLICATION OF BLISTER TO SPINE.

A.B., under the care of Dr. McCall Anderson, (*Glasgow Medical Journal, July*, 1879,) a rather anæmic weakly-looking young woman, aged 21, was admitted on 2nd June, 1879, complaining of persistent vomiting of several months' duration. She had been exceedingly healthy until her seventeenth year, when menstruation was suppressed for two months, and since then she has always complained of more or less weakness. Her occupation as a weaver was very laborious, the hours of labour being long, and she had to work in a bent posture, the chest being almost constantly pressed against a steel bar in front of the machine. Her meals were hurriedly taken, and her diet consisted chiefly of tea and bread and butter. In January last she became unable for work, at that time her appetite had quite failed, and she suffered from pains in her chest; her breathing became very laboured, and at times she had a sensation of choking, feeling a desire to have the window opened. She was also troubled with a hard dry cough, unattended with expectoration. The application of mustard poultices and, later, of tincture of iodine failed to relieve the pain; but about the middle of January she began to vomit mouthfuls of food, about fifteen minutes after meals. The vomiting was easy and painless, and there was no preceding nausea nor any sensation of pain while the food laid in the stomach. The vomited matters consisted of undigested food, mixed with green streaks and patches, blood was never observed to be present. The regurgitation of the food went on getting worse, occurring after every kind of food and at gradually decreasing intervals after meals, sometimes even taking place during the act of eating. In March last a blister was applied over the epigastrium, and was followed, after a week or two, by iodine; but this treatment afforded no relief. In spite of everything which was tried, the symptoms became gradually worse, and in May she began to suffer from severe pain across the stomach and upper part of the bowels. The pain, which was constant, and so severe as to confine her to bed, subsided shortly before admission to the hospital. Since the commencement of her illness her bowels have been very costive. She now menstruates regularly. On examining the abdomen on admission, it was seen to be extremely collapsed, so much so that normal tympanites was difficult to make out, and the abdominal aorta was seen pulsating quite distinctly. There was a certain degree of tenderness in the epigastrium, and pressure here caused some convulsive twitching of the trunk and hands. No tumour could be felt, and there was no evidence of disease in other organs. An examination of the spine, however, showed that there was distinct tenderness for about two or three inches at the junction of the middle and lower dorsal regions. A consideration of the symptoms of the case appearing to negative the existence of any organic disease of the stomach or any cerebral affection, Dr. Anderson is of opinion that they may all be reasonably ascribed to spinal irritation. The tenderness of the spine, age, and sex of the patient, her nervous, almost hysterical, temperament, and the character of the symptoms generally, confirm this diagnosis.

The treatment consisted in the application of a blister over the painful part of the spine. The vomiting ceased after the blister rose, and the patient has vomited only once since, and this was in connection with taking some purgative medicine. Her diet, which was at first rather restricted, has now been enlarged, and an improvement is already observable in the general condition of the patient.

LAPAROTOMY—REMOVAL OF PEDICULATED UTERINE FIBROID.—RECOVERY.

The following case, under the care of James B. Hunter, M.D., Surgeon to the New York State Woman's Hospital, etc., is reported in the New York *Medical Journal*:—M. R., aged thirty-three years, was admitted to the Woman's Hospital, January 31, 1876. She had been married ten years, and had had five children and three abortions. Four years earlier, after a confinement, she noticed a small "lump" in the left side of the abdomen. One year before admission she became pregnant, and at the fourth month began to have pain in the left side. She was also much larger than at the same period in former pregnacies. She could feel the tumor as a mass distinct from the uterus. At eight months she was delivered of a still-born child. Pain in the left side and left limb had been constant from the fourth month, but ceased after delivery, though the tumor continued to increase in size. The abdomen was thirty-seven inches in circumference, measured over the tumor.

Saturday, February 12, 1876, at the request of

Dr. Thomas (whose assistant I then was), and assisted by Dr. C. S. Ward and the House Staff, I performed laparotomy in the usual manner. Having made an incision five and three quarter inches long in the abdominal walls, and evacuated a large amount of ascitic fluid, I was able to insert the hand and examine the tumor satisfactorily. It proved to be a solid fibroid, of the size of a large cocoa-nut, attached to the uterus by a rather short pedicle. Thomas's clamp was used, close to the uterus, and the pedicle severed. The abdomen was then thoroughly sponged out, and the incision closed by eleven silver sutures, a glass drainage-tube being left in, close to the clamp. The operation occupied thirty minutes.

February 13th.—There was good reaction after the operation. Pulse 96; temperature 102°. Morphine enough given hypodermically to relieve pain.

14th.—Pulse 80; temperature 104°. *15th.*—Pulse 78; temperature 102¼°. *16th.*—Pulse 78; temperature 102¾°. *17th.*—Pulse 78; temperature 101¼°. *18th.*—Pulse 78; temperature 102½°. *19th.*—Pulse 74; temperature 101½°. *20th.*—Part of the sutures were removed.

From this time the patient progressed slowly toward recovery, continuing weak. The clamp was removed February 23rd, when the pedicle was drawn an inch and a half below the level of the integument, but the space left was gradually filled, the patient recovered her strength, and was discharged March 29th.

A MUSEUM OF HYGIENE.

The Parkes Museum of Hygiene was opened in London on June 18th, with good prospect of becoming a useful and interesting institution. It is designed to be a centre of instruction for the public, and is officered by men of such high reputation in sanitary science as to insure a prospect of its accomplishing the object it proposes. It is intended to include in its collections everything, from literature to machinery, which may be of sanitary value, or incite to sanitary study.

We hope that the success of this institution may lead to the establishment of a similar one with us. There are few cities the population of which has a greater need than ours to be thoroughly acquainted with the ways of preventing disease. A museum which would be a centre for the diffusion of such knowledge, and which, by its existence and the display of its collections, would call attention to the progress that is made in it, could not fail to benefit the city. We are now constantly exposed to infection from without, and the development of disease from within. It appears that we cannot have our streets kept clean, nor can we pull down the wretchedly-built tenement-houses that inclose them. It is possible, however, to diffuse more widely the fact of the danger of living beside a garbage-heap, of being fanned by the exhalations from a sewer, and of being personally or domestically unclean. Besides, sanitary science has now reached such maturity in knowledge, such richness in literature, and can show such ingenuity and skill in its mechanical and architectural devices, that it deserves a place where it may record its work and display its successes.

Museums of all kinds seem to find ready support and appreciation among our citizens. We recall the fact that the fossil tracks of the Thick-Toed Birds are elegantly displayed, and not infrequently gazed upon in Central Park, and that the Two-Headed Nightingale warbles to large audiences in the Bowery. There are, in addition, plenty of places where our moral or æsthetic sense may be feelingly appealed to, and we ask, why not create a museum whose prosperity would indicate something more than love of pure science, a fine artistic taste, or a morbid fondness for freaks of Nature?—*Med. Record.*

CARBOLIC ACID IN DIPHTHERIA.

Dr. J. I. Rooker, (*American Practitioner*) in giving the results of his experience in the treatment of diphtheria says: "I am inclined, from my previous observation of the disease and my experience in this epidemic, to believe that the disease can be often cut short by a strong solution of carbolic acid, used locally with the spray porducer; but that to attempt the use of gargles, especially in children, is worse than useless; that if the atomizer is thus used, it certainly prevents the formation of the pseudo-membrane. I am also of the opinion that in old and well-formed cases it may prove successful. I remember to have had in the family of Mr. L. a very severe case. The patient had been suffering for six or seven days prior to my seeing her. When I was called the disease had assumed the laryngeal form; there was difficult breathing and almost complete loss of voice. In this case Richardson's atomizer was used, in connection with the glass mouthpiece. In a short time after I commenced these applications of a solution of carbolic acid, the case slowly recovered.

"Carbolic acid has been used in the treatment of this disease by others before me. Dr. Eastman, of Idianapolis, read an interesting paper on this disease before the Hendricks County (Indiana) Medical Society, which was published in the *Indiana Medical Journal*, I think in 1872. While I do not claim priority in the use of carbolic acid in the treatment of this malady, I do claim that to my knowledge no one has used it with the atomizer,

and with the persistency with which I used it in my practice. In about twenty families where there were cases of the disease, I had the unaffected members of the family use the atomizer, and in but one instance did the prophylactic treatment fail of success.

Heart Failure in a Case of Ascites and Hydrothorax Relieved by the Intravenous Injection of Ammonia.—(*Clinic by Prof. Flint, New York.*)—The next case that I have to show you is one that most of you will, no doubt, remember as having been before the class last week. I will not read the history over again, but will simply remind you that the patient had had hydroperitonæum, for which she had been tapped soon after her admission to the hospital (which occurred three days before), and that the pleural cavity of the right lung was still filled with liquid at the time you saw her. A week ago I dwelt upon the connection, as a general rule, of hydroperitonæum with cirrhosis of the liver, but stated that although in the majority of instances it was found that the latter stood in a causative relation to the former, there was no evidence to cause us to believe that this patient had been addicted to the use of alcohol. As this is the accepted cause of cirrhosis of the liver, we therefore concluded that the present was one of those comparatively rare cases in which hydroperitonæum existed without cirrhosis. A considerable amount of fluid had been removed by the tapping, and the patient, you will remember, was weak and quite nervous.

The subsequent history of the case has proved a most interesting one, and it is on that account that I have brought it to your attention again. On the day that you last saw her the patient began to suffer very greatly from nausea, without being able to vomit much, and the ineffectual efforts which she made towards emesis caused her much distress. She was ordered a half ounce of whisky every three hours, but in spite of this did not seem to gain any strength, although she did not suffer much from dyspnœa. The following day she was still found to be very weak, but with no marked dyspnœa, and it was now noted that she was quite apathetic, so that she had to be persuaded to take her nourishment and stimulus. On the day after that the house physician was hastily summoned by the nurse, on account of the extreme exhaustion of the patient. When he reached the bedside he found her almost completely unconscious, that she would continually slide down in the bed, and that she could not be aroused to take notice of anything. The eyes had a vacant stare, the pupils were dilated, the tongue was dry and brown, and the jaw had fallen, so that there seemed to be no question that she was actually moribund. Under these circumstances paracentesis thoracis was promptly resolved upon, and ninety ounces of fluid was thus withdrawn from the pleural cavity. During the operation ten or twelve half drachms of whisky were administered hypodermically; but in spite of this the pulse, which had before been very weak, disappeared altogether at the wrist, while the cardiac impulse grew so feeble that it could scarcely be felt at all. It had been hoped that when the fluid had been removed, and the lung thus allowed to expand, so that respiration might be more satisfactorily performed and the blood more readily oxygenated, the evidently failing forces of the patient would rally, but this did not prove the case. The hypodermic injection of whisky having been found to be of no service in overcoming the extreme exhaustion present, half a drachm of liquor ammoniæ, diluted with an equal quantity of water, was injected directly into a vein of the arm, care being taken first to expose the vessel by dissecting up the skin over it, and that the needle of the syringe directly entered its lumen. The cutting of the skin did not make the slightest impression upon the patient, who was now apparently altogether unconscious, but in ten or twelve seconds after the liquor ammoniæ entered the circulation there was a marked increase in the strength of the pulsation of the heart. At the end of two minutes the pulse could again be felt at the wrist, and after two minutes more she gave a sigh, and began to rouse herself. She was soon able to take four ounces of egg-nog by the mouth, and in half an hour from the time that the ammonia was administered she declared herself to be quite comfortable, and was breathing more naturally than she had done at any time since her admission. From this time on she took a considerable quantity of egg-nog, which was very well borne, and by evening was still further improved in every way. During the next two days she continued to grow better, and on the third, which was the day before yesterday, she felt well enough to sit up for a time.

I have been exceedingly interested in this case, and the various features of it have been so well brought out in the history that I have just read that it seems scarcely worth while to make any remarks upon it. Still, in order that the most important points may be the more strongly fixed in your minds, perhaps it will be well for me to make a few comments upon them. Here was a patient, with a large accumulation in one of the pleural cavities (having previously had hydroperitonæum in addition), who continued to grow weaker day by day, in spite of the most persistent stimulation, until at length the house physician was called to her bedside to find her actually moribund, as indicated by her whole appearance and condition. Whatever was to be attempted for relief, therefore, must needs be done as promptly as possible. First of all it was resolved to remove the fluid from the chest, under the hope that by

thus causing an expansion of the hitherto crippled lung an improvement might be brought about; but, notwithstanding the fact that all through the operation a large quantity of whisky was administered hypodermically, the patient still continued to sink, until her situation seemed as desperate as it could well be. Then it was that the measure was resorted to which I believe was undoubtedly the means of saving her life, namely, the injection of ammonia into the circulation, especial pains being taken in order that the point of the needle of the hypodermic syringe should actually pierce the coats of the vein, but not transfix the vessel. The effect was certainly remarkable. The idea in employing the ammonia in this way was to tide over the failing system of the patient in this crisis of exhaustion until the powers of nature could rally once more from the depression which had paralyzed them, and the attempt proved eminently successful.

I confess that this practice was something altogether new to me. I had heard of ammonia being used in this way for the neutralization of the poison of venomous serpents in persons who had been bitten by them, but I do not remember ever to have seen the record of a case in which it was employed for the same purpose, and was followed by the same admirable results, as in this instance. Here the special object of the injection was to bring the stimulating action of the ammonia to bear directly upon the failing heart, and this case certainly seems to establish beyond a doubt the utility of this remedy as a cardiac stimulant.

Since the day before yesterday, when the last note was taken, the patient has continued to improve steadily, until to-day we find her in such a condition that there seems to be scarcely any doubt of her complete restoration to health.—*Boston Med. & Surg. Journal.*

Aspiration of the Knee-joint in Acute and Chronic Effusions, and the Value of Martin's Elastic Bandage.—The surgical section of the American Medical Association, May 6, 1879, (*Herald Medical*,) Drs. Marcy, Post and Gross reported cases of dropsy of the knee-joint and other joints successfully treated by aspiration and pressure. Dr. Post referred in favourable terms to first aspirating and then overdistending the sac with a solution of carbolic acid, according to the method of Calender. All admitted the importance of attention to the constitutional condition of the patient and to other local remedial agents—such as counter-irritants, compression, &c., as aids to aspiration.

Foreign Bodies in the Brain.—Dr. Wharton, (*Medical Times*, July 19, '79, gives the following analysis of 316 cases of foreign bodies in the brain :—

Sir Benjamin Brodie, in analysing ten cases of musket-ball lodged in the brain, says, "In two cases of them the ball was extracted, and one patient recovered, while the other died. In the remaining eight cases the ball was allowed to remain; two of these patients died, while six recovered. Of the latter, one died several weeks afterwards, of inflammation of the brain, induced by excessive drinking, and another died in the course of the following year, from sunstroke." In the following collection of cases, more than thirty times the number analysed by Brodie, the results are as follows: of the three hundred and sixteen cases, one hundred and sixty recovered while one hundred and fifty-six died.

In one hundred and six cases the foreign body was removed, death following in thirty-four cases, recovery in seventy-two cases.

In two hundred and ten cases no attempt was made to remove the foreign body, death following in one hundred and twenty cases, recovery in eighty-eight cases. It should be here stated that some ten patients who recovered sufficiently to attend to their regular occupations, but ultimately died at periods varying from three to fifteen years from the effects of their injuries, have been classed as having recovered.

Considering the severity of the injury, the proportion of recoveries is large, but on examination of the cases it will be observed that many of the recoveries were not complete, the patients afterwards suffering from epilepsy, vertigo, impairment of mind, incapacity for physical exertion, paralysis, loss of sight and hearing. In one hundred and eleven of the cases of recovery the above-named symptoms were wanting, while they were present in forty-nine cases.

In the one hundred and eleven cases that recovered without bad symptoms, the foreign body was removed in fifty-six cases and allowed to remain in forty-five cases. The question of interference for removal of foreign bodies is one which has caused much discussion, but on which I think authorities are now generally agreed. In the following collection of cases the results of its removal were not only most satisfactory as regards recovery but also as regards the completeness of the recovery. There can be no doubt that the presence of the foreign body increases the gravity of the injury, and that when its position can be clearly located, and when its removal is not accompanied with too great a destruction of tissue, it should be attempted. The difficulty of locating the foreign body is seen to be great, for when it has once passed out of sight the surgeon has no means of discovering its position, except by the probe. Extreme care should be exercised in passing a probe along the track of a foreign body in a wound of this nature, as little force is required to cause the probe to pass through the unresisting brain structure in a course different from that taken by

the vulnerating body, and the surgeon may add other wounds to an already most serious injury. On the other hand, where the body cannot be accurately located, all attempts to find it by frequent probing should be desisted from, for, as has been shown, a large number of cases have recovered where it has not been removed, and there is a possibility of its becoming encysted, and of recovery taking place in this way, or of life at least being prolonged.

I think that Prof. Thomas Longmore, in his article on trephining in injuries of the head, expresses the opinion of the best surgeons of the present day. He says, "If the site of lodgment of the projectile is obvious, it should be removed with as little disturbance as possible, but trephining for its extraction when the place of its lodgment is not definitely known, but where the projectile is only supposed by inference to be lodged in a particular spot beneath the cranium, is an unwarrantable operation."† The presence of the foreign body in the brain in many cases excites inflammatory action, which may be either rapid or slow in its progress, sometimes destroying large amounts of brain-tissue before the case ends fatally. That cerebral abscess is a frequent cause of death is clearly shown by the fact that it was present in at least fifty-three of the fatal cases where post-mortem examinations were made; in many other cases the examination was made solely with reference to the location of the foreign body, and the condition of the surrounding tissues is not stated.

Apoplexy is also shown to be a cause of death in these injuries, but much less frequently than abscess. Pressure of the foreign body on the venous branches, interfering with the return of blood, causing effusion into the cavities of the brain, and this effusion by its pressure interfering with the function of the nerves which have their origin from the base of the brain, is also noted as a cause of death. Convulsions and coma, also resulting from this interference with the circulation of the blood in the brain, are frequently noted. A tendency to coma, it might be here stated, as in all head injuries, is a most unfavourable symptom, nearly every one of these cases in which it was marked proving fatal.

The presence of the foreign body in the brain seems to predispose to inflammatory action; in some cases of recovery where the foreign body remained in the brain, the cases progressed favourably until some cerebral excitement was experienced; five cases are recorded where death took place suddenly after excessive drinking, in one case during the excitement of a game of cards, in another after a slight injury of the head.

Seven cases were complicated with hernia cerebri; three of these proved fatal, four ending in recovery.

In quite a number of cases the foreign body remained in the brain for some time without causing any unfavourable symptoms, when suddenly cerebral symptoms were developed and death quickly followed. I think that the experiments of M. Flourens will help to explain these cases. He introduced leaden bullets into the brains of rabbits and dogs. The balls were placed on different parts of the upper region of the encephalon and on the lobes of the cerebellum. The balls left to the action of their own weight penetrated by degrees the substance of the brain, and ultimately stopped at the base of the cranium, the passage made by the balls healing after them.* This fact that bodies were found to change their position may account for the sudden deaths in cases where their presence had previously occasioned little trouble. With regard to the fatality of injuries of different parts of the brain, authorities differ. Guthrie says that an injury of apparently equal extent is more dangerous in the forehead than on the side or middle of the head, and much less so on the back part than on the side.†

Brodie, on the other hand, says, "I have not been able to discover in the works that I have consulted a single instance of recovery from a wound of the posterior lobe of the cerebrum, cerebellum, or medulla oblongata, and in the great majority of cases where a cure has taken place the injury has been confined to the frontal bone and the parts of the brain which are covered and defended by it."‡

Brodie's opinion that recovery is more apt to follow wounds of the anterior portion of the brain is strengthened by examination of the cases where the foreign body penetrated the frontal bone, of which there were one hundred and thirty-two, followed by death in fifty-eight cases and recovery in seventy-four cases.

There were fifty-eight cases of penetration of the parietal bones, followed by twenty-seven deaths and thirty-one recoveries.

The occipital bone was penetrated in twenty-three cases, with sixteen deaths and seven recoveries.

The temporal bones were penetrated in thirty-one cases, with twelve deaths and nineteen recoveries.

Wounds of the orbit were by far the most fatal, eighteen in number, followed by seventeen deaths and one recovery, although the persons were in many cases unconscious of the injury, and the unfavourable symptoms developed suddenly.

† Holmes's System of Surgery, vol. ii. p. 181.

* Dublin Med. Press, July to December, 1862.
† Guthrie's Comments on Surgery, p. 299.
‡ Works of Sir Benjamin Brodie, vol. iii. p. 83.

The sphenoid bone was penetrated in five cases, with four deaths and one recovery.

In forty-nine cases where the wound of entrance was not definitely stated, there were twenty-two deaths and twenty-seven recoveries.

THE GREAT CONTAGIOUSNESS OF DIPTHERIA.—The *Boston Med. and Surg. Journal* says:—American physicians have not, we think, been sufficiently aroused to the very great danger of contagion and development of the worst forms of the disease from patients who are mildly affected. In his account of the outbreak of diphtheria in the grand ducal family of Hesse-Darmstadt, Oertel [1] says the virulence of the imported infectious matter, its direct transmission by kisses, and the quantum which was brought into play by this mode of transmission are of grave importance. We are fully justified in making direct use here of the results of experimental investigations and attempts at inoculation. The intensity of the affection, the degree of the anatomical lesions, and the rapidity with which the process destroys the life of the animal were in all Oertel's experiments, under like conditions, proportionate to the quantity of inoculated diphtheritic matter. We likewise see in practice that those cases run the most rapid and most fatal course in which *direct* transmission of contagious matter has taken place. Proof is to be found in the number of physicians who have fallen victims to the disease while in attendance on such cases.

Oertel says the diphtheritic contagium, the parasitical nature of which has become a conviction of his, is little volatile, is disseminated especially in the diphtheritic membranes and in the buccal fluid; and the infection takes place, in most cases, by its direct transmission, either by means of the atmospheric air, or by touching objects to which it adheres. Such objects are especially those coming in contact with the mucous membrane of the buccal cavity, etc., as spoons, tumblers; also pocket-handkerchiefs, etc. The propagation of the diphtheritic contagium is much rarer, and we shall have to admit this way of transmission only when we are really in the position of completely excluding all other possibilities. It should be remembered by our readers that out of a household of sixty-eight persons, only the members of the grand ducal family were affected (six of whom were attacked). Oertel says that diphtheria was imported into Munich from without in 1863, and has prevailed there ever since.

The treatment pursued in the case of the grand ducal family was that which Oertel has used for more than twelve years, and which he says he still finds the most efficacious in comparison with other modes. It consisted of isolation, inhalation of a disinfectant spray every hour or half hour for fifteen minutes or longer, and inhalation of hot steam (112° to 122°). The following solutions were made use of according to the period of the affection: 2.5 per cent. solution of potass. chl.; a 0.1 per cent. solution of salicylic acid; and in the case of the grand duchess, when the septic decomposition began to become alarming, a 0.25 per cent. solution of permanganate of potash, injections of freshly prepared dilute chlorine water, the solution containing from twenty-five to thirty per cent. of the officinal chlorine water. In those instances in which the fibrinous exudations began to involve the larynx, either the fluids just mentioned were exchanged for lime-water, or the latter was inhaled alternately with the others. Oertel believes, after experiment and bedside practice, that lime-water is the best means for the solution of fibrinous membranes. Internally the fever and the septic infection were combated by the administration of salicylic acid and benzoate of soda in large doses (the grand duchess could not take quinine), and everything was done to keep up the strength by wine, arrack, cognac, and the ethereal tincture of the acetate of iron.

Oertel does not believe in the specific action of sulphur; yet it was used in some of the cases, so many letters came, especially from England, urging its use. [It is strange that all these cases recovered.] Articles which had come in contact with the patient were disinfected; also all the rooms and corridors.

1 British Medical Journal, January 11, 1879.

THE APPLICATION OF JUNOD'S BOOT—Being desirous of seeing Dr. Junod apply his boot, I visited him one day by appointment in Paris, in January, 1877; he having previously informed me that the apparatus should not be applied for at least three hours after a meal. I was shown into a very small room, which served him as a bedroom, study, and consultation room. After a few minutes, he produced a bag containing the well known brass boot, some India rubber circular bands, from eight to ten inches deep, and some long narrow strips of the same material, about two inches wide. Dr. Junod proposed to apply the boot to my leg; first covering the foot with the corner of a towel previously warmed, he wrapped the rest of it round the limb to above the knee. I then put my leg and foot into the metallic boot, which had been also warmed before the fire; a band of muslin folded six or eight times, with a little cotton-wool interposed, was applied two or three times round the leg, on a level with the mouth of the boot, which reached to just below the knee: and over the muslin he wound a strip of the narrow India rubber band. He had previously stretched a wide India rubber circular band over the mouth of the apparatus, and now slipped its free margin over my knee,

and flattened it out so that it reached several inches up the thigh. The India rubber bands are very thin; and, as an additional precaution, one of the narrow strips was wound two or three times round the limb, overlapping the edge of the circular band.

Dr. Junod then screwed the tube of a small air-pump, six or seven inches long and an inch and a half in diameter, to the boot, giving me the pump to work. After about a dozen strokes, a very good vacuum was produced. I felt the pressure chiefly above the upper rim of the foot, but nothing in the foot. The limb was bare, with the exception of my sock, which was left on. Dr. Junod now took the air pump, and gave a few strokes from time to time, which I felt at once by the increased pressure. He usually continues the application for an hour, at the end of which time the limb, in ordinary cases, is found much swollen in size, with all its soft parts considerably harder to the touch; and twenty-four hours generally elapse before the swelling and hardness entirely disappear. In my case, the boot was only kept on a quarter of an hour; and, notwithstanding this,, the leg was decidedly increased in bulk, and felt harder from the ankle upwards, the circumference of the calf being two *centimètres* greater than that of the other leg. I could see no change in the foot. The leg was uncomfortable, and felt as if it had been bruised all over, or as if I had greatly overwalked myself with that leg.

Dr. Junod's attention was first attracted to this subject when, while still a student, he was called to see a young woman suffering from severe cerebral congestion; and the thought struck him that, by means of atmospheric pressure, blood might be drawn to the extremities to relieve the congestion of the head; he devised the requisite apparatus, and the patient was cured.

If pain be felt at any moment, the tube of the air-pump must at once be discontinued, and the pressure removed. Dr. Junod felt my pulse from time to time, as syncope is sometimes apt to occur. As it was, I felt extremely tired the rest of the day, and also next morning. When I called on Dr. Junod, a few days afterwards, he explained that a spare individual like myself was more influenced by an application of the exhausting boot than a plethoric person, who had more blood, and whose circulation was therefore less effected when a certain quantity was detained in one limb. Dr. Junod has an appointment to the Paris hospitals, with an almost nominal salary, and has hardly any private practice, except when he is called in consultation as a last resource. He has succeeded sufficiently often in saving life to justify his faith in his invention. According to him, in regular treatment, an hour's daily application of the boot is essential.—Bernard Roth, F. R. C. S., Grand Parade, Brighton.—*Brit. Med. Journal.*

The Treatment of Cholera-Infantum.—Dr. Charles H. Avery, of New York, (*Medical Record,*) writes that he has adopted the following treatment in cholera-infantum with very great success: He first directs that a poultice be made as follows, and applied over the stomach: Take of pounded gloves, cinnamon, and ginger, each, one teaspoonful, add a small quantity of flour, and then moisten the whole with brandy. Spread the mixture on and cover with thin flannel, and so fasten it that it will be kept in position. Occasionally moisten the poultice with brandy, which can be done without removing it. One teaspoonful of the following mixture is then ordered every two hours for children over three months old.

℞. Acid carbol	gr. xxiv.
Spts. vini	gtt. xxiv.
Aq. menth pip	℥ iss.
Mucil. acac	℥ vi.
Syr. papaver	℥ vi.
Tr. opii	gtt. x. M.

As a rule the vomiting ceases before the hour arrives for the administration of the third dose; frequently before the second dose is given.

The passages from the bowels are not arrested by the medicine, but within twenty-four or forty-eight hours they begin to change in character, soon diminish in frequency, and afterwards cease altogether. The diet of the child is restricted to barley-water and milk. If it is a nursing child, barley-water is administered before it is allowed to take the breast.

If the vomiting is severe, the child is *not allowed to take anything*, except the medicine, for three hours.

If there is marked evidence of acidity of the digestive tract, teaspoonful doses of the following mixture are given every ten or fifteen minutes for two or three hours.

℞. Mistura cretæ	℥ ij.
Syr. rhei	℥ i. M.

To this he sometimes adds fifteen grains of hydrarg. cum creta.

As a substitute for the above antacid mixture, he sometimes gives ten grains of subnitrate of bismuth, and five grains of pepsin three times a day.

The leading features of the plan which he recommends are: the spice poultice, the barley-water and milk diet, and the medicines according to the first prescription.

Self-Limitation in Cases of Phthisis.—Dr. Austin Flint, (*N. Y. Med. Jour.* August), read a paper giving the result of his observation in cases of phthisis that completely recovered or ceased to advance. He held that the favorable course of certain cases was due to self-limitation of the disease, as was claimed by him in an article pub-

lished in the "American Journal of Medical Sciences," January, 1858, in which there were reported twenty-four cases of recovery. During thirty-four years of observation he had collected a sufficient number of cases ending in recovery, in which there had been either no treatment or treatment that could not be considered of a curative character, to prove that the disease in certain instances might be either self-limited or non-progrestive after a period. He excluded cases of acute tuberculosis, cirrhosis of the lung, and interstitial pneumonia.

Of 670 cases of phthisis, occurring during thirty-four years, 44 ended in recovery. In 31 cases the disease ceased to progress for varying periods, ranging from several months to several years. He considered the non-progressive cases as proving that the disease ended, although recovery from the lesions did not take place, and felt justified in adding both together, making in all 75 cases out of 670.

Of the 44 cases of recovery, practically no treatment was pursued in 13; and of the 31 cases of arrest, in 15 there was no treatment. In several cases of both groups there was no change in the method of life, and in a considerable number the change was not of such a character as to be important Dr. Flint said that all of the cases referred to were reported in detail in his book on phthisis.

In regard to the prognosis, the symptoms indicating a favorable issue were slight increase in pulse and temperature; small amount of loss of flesh, and a fair appetite; in other words, tolerance of the disease.

In regard to the lungs, the more limited the lesions, the greater the tendency to limitation; and, although there was limitation in cases of large lesions, the amount of diseased tissue did not admit of restoration.

FORCIBLE DILATATION OF THE SPHINCTER ANI IN TREATMENT OF HEMORRHOIDS.—Dr. G. T. Carter, Professor of Physiology and Pathology, Evansville Medical College (*Am. Med. Bi-Weekly*, Feb., 1879), reports twelve cases of hemorrhoids treated by forcible dilatation of the sphincter, with the happiest results. He uses an instrument devised by himself for the purpose, which is so constructed that the blades, six inches long and three-fourths of an inch broad, may be dilated by means of a screw, from two inches in circumference to six or more, retaining the same circumference throughout their entire length.

A peculiarity noticed in all long-standing cases was a small outlet to an enlarged bowel. In some of the first cases, when he neglected to cause an evacuation before operating, the operation was immediately followed by the discharge of enormous quantities of fæces; in one case an impacted plug, four inches in diameter, came away. His own observations have led him to conclude that "hemorrhoids are never the precursors, but always the result of constipation, or other obstruction to the free flow of blood to or from the anal region," and that "varices are only modes of equalizing excessive pressure, hence it is a good rule to remove the pressure."—*Detroit Lancet.*

THE THERAPEUTIC VALUE OF HYDROCYANIC ACID.—Dr. Keith Norman Macdonald calls attention to the therapeutic influence of hydrocyanic acid in arresting the night-cough of children after failure with the bromides. He has lately demonstrated its beneficial effects in a case in which it completely arrested a cough of sixteen months' standing in forty-eight hours. The patient, a child four years of age. suffered from night-cough, for the relief of which bromide of potassium and ammonium and change of air had been in vain prescribed. At length the following mixture was administered :—

℞. Acidi hydrocyanici . . . . . *m* viij.
Syrupi simplicis . . . . . fl. ʒij.
Aquæ distillatæ . . . . . fl. ℥ ij. M.
Sig., one teaspoonful every four hours.

The first few doses did not appear to produce much effect, so the dose was increased to a teaspoonful and a half every three hours when necessary. The good effects of the remedy became at once apparent, especially in the night attacks. It was particularly noticed that when a paroxysm of cough came on it ceased suddenly and unexpectedly five minutes after each dose. Within a week a cure had been affected, and the patient now appears to be in the full enjoyment of robust health. —*The Edin. Med. Jour.*

SALICYLIC ACID IN ACUTE RHEUMATISM.—Dr. Moore, in an article in the (*N. Y. Med. Jour.* August), sums up his remarks on the treatment of acute rheumatism by salicylic acid as follows:

1. That its most beneficial effects are manifested in the more acute cases. In sub-acute cases there is less, and in chronic cases not any advantage from its use.

2. That it should be given in doses of not less than twenty grains, every two hours, in an adult.

3. That its use should not abruptly terminate on the subsidence of the pain and fever, but the interval between the doses should be more and more prolonged.

4. That, by its employment, "rheumatic fever" may, in a majority of cases, be made a disease of hours, or at most of days, instead of months as it formerly was.

5. That, by the brevity of the febrile condition, the chances of cardiac complication occurring are diminished.

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TORONTO, SEPTEMBER 1, 1879.

THE BRITISH MEDICAL COUNCIL.

A brief session of the General Medical Council of Great Britain was held in July. The meeting was principally summoned to elect a President—and Dr. H. W. Acland was again appointed for the usual term of five years.

In the course of the sitting an important correspondence between the Imperial Government and the Canadian Government in respect of the action of the Dominion towards medical men of the United Kingdom was laid before the Council by Mr. Miller, the Registrar. Last year a registered practitioner of Great Britain wrote to the Registrar, stating that the Legislatures of Quebec and Ontario had refused to acknowledge the British registration as in force there, and had proceeded against him for being an unregistered practitioner. The subject was brought before the Lord President of the Privy Council, who subsequently sent to the Council a correspondence which had passed between the Colonial office and the Marquis of Lorne respecting a claim for protection set up by the medical men of Ontario, and to which the Province proposed to give effect by imposing a heavy registration fee in cases where British physicians sought registration in Ontario. Sir Michael Hicks Beach, in a letter to the Marquis of Lorne, said:

"I join in the hope expressed by the Lord President that neither the Dominion Government nor the Provincial Government of Ontario will adopt any measures to impair the rights of medical men registered in this country to practise throughout the Queen's dominions. There would naturally be much objection in this country to the imposition of unreasonable and prohibitive fees such as appear to be proposed, as it was never contemplated that the concession made by the Imperial Act of 1868 in favor of the colonial authorities should be employed as a means of depriving medical men registered in this country of the privileges which they possess under the Act of 1858; and it is to be feared that there would be much difficulty in inducing Parliament to pass the provisions in favor of the colonial practitioners in the Bill now before them, if it is known that new impediments are being created in Canada to the exercise by English registered practitioners of the rights which they at present enjoy. I request that you will lay this despatch before your Ministers, and I shall be glad to receive any observations which they or the Provincial Government of Ontario may desire to offer in regard to this matter."

To this Lord Lorne replied by enclosing a petition from the Ontario College of Physicians and Surgeons, stating at the same time that the petition had been presented to him by an influential and representative deputation, including the Prime Minister, the Minister of Public Works, and the leading physicians and surgeons in Ontario. He also enclosed the report of a committee of the Privy Council of Canada, which report had been approved by the Governor General. This report said:

"The Committee of the Privy Council, having had before them the petition of the College of Physicians and Surgeons of Ontario to your Excellency, beg leave to report that, in their opinion, the 31st clause of the Act 21 and 22 Vic., cap. 90, passed by the Imperial Parliament in 1858, known as 'The Medical Act,' was manifestly an interference with the rights of government and legislation then possessed by the several Provinces which were afterwards united by the British North America Act, 1867; and that the statute 31 Vic., cap. 29, passed since the Dominion was constituted, is a still greater interference. The committee cannot help thinking that these Imperial Acts were passed without the attention of Parliament having been called to the fact that they infringed upon the legislative power conferred upon the Provinces and the Dominion, and feel assured that on the subject being brought before the notice of her Majesty's Government steps will be taken for the repeal of the objectionable provisions. It is obvious that if this legislation is permissible with respect to the medical profession, it might with equal propriety be extended by the Imperial Parliament to every profession, trade, and occupation in Canada, and would thus be subversive to the rights of self-government graciously conceded to the people of the Dominion. The committee, therefore, concur in the prayer of the said petition, and beg leave to recommend that this matter be brought by your Excellency under the serious consideration of her Majesty's Government, and they

suggest that advantage should be taken of the circumstance of a Bill now being before the Imperial Parliament relating to the medical profession, by inserting a clause in it repealing those provisions of the said Acts which affect Canada."

The petition of the Ontario College, which was incorporated in 1869, stated nearly the same points, and urged that a grave injustice would be done to the Canadian institutions if the qualification of the various licensing bodies of Great Britain and Ireland should, through the medium of the British Medical Registrar, entitle persons holding these licences to practise medicine in the Province. These claims were submitted to legal opinion by the Imperial Government and also by the General Medical Council. The reply of the Parliamentary counsel was as follows:

"The petition of the College of Physicians and Surgeons of Ontario is based on an entire misapprehension of the law. They assume that the Act 31 and 32 Vic., cap. 29 (which authorized Colonial Legislatures to enforce the registration, within their jurisdiction, of persons registered under the Act of 1858) gave to persons registered in the Medical Register of the United Kingdom a right to practise in the colonies. This is not so. The Act of 1858 (21 and 22 Vic., cap. 90), which was in force at the time when the College of Physicians and Surgeons of Ontario was established, when the Canadian Federation Act was passed, gave to practitioners registered in the Medical Register of the United Kingdom a right to practise throughout the Queen's dominions. The Act 31 and 32 Vic., cap. 29, relaxed the law in favor of the colonies by allowing a Colonial Legislature to require registered United Kingdom practitioners to be registered in the Colonial Register, but it preserved the right of those practitioners by allowing them to claim registration as of right. Under this Act, if the Ontario Legislature requires medical practitioners registered in the United Kingdom to be registered in Ontario, the Ontario Registrar is bound to register them; but otherwise the Ontario Registrar is not bound to register them, although unable to prevent their practising without being registered. It is true that a person may be registered in the Medical Register of the United Kingdom for a medical qualification or a surgical qualification alone—a defect which the pending Bill proposes to remedy by requiring a double qualification for registration; but at present registration will not entitle the possessor of a surgical qualification to practise medicine, or the holder of a medical qualification to practise surgery, inasmuch as under section 31 of the Medical Act, 1858, he is only entitled to practise according to his qualification. The Privy Council of Canada have not committed the mistake as to the law which the Ontario College have done; but they omit to notice that at the time the Act of 1858 passed, the Ontario College did not exist; and, indeed, for all that appears there may have been at that date no licensing body whatever in the British North American Provinces. Nor are the Privy Council correct in stating that the Act of 1868 is a greater interference with their self-government than the Act of 1858, because the Act of 1868 does not compel a colony to register United Kingdom practitioners, but authorizes a Colonial Legislature to do what it could not do under the Act of 1858—namely, to require a registered United Kingdom practitioner to be re-registered in the colony. To preserve the rights conferred by the Act of 1858, it was necessary to provide that if the Colonial Legislature itself requires such registration it shall not take away those rights, and shall be bound to register such a practitioner without further examination. The interests of Canada would appear to be to maintain the privileges given by the Act of 1858, as, if the pending Bill passes, a holder of an Ontario diploma will be able to be registered in the United Kingdom Register, and thus be able to practise under his Canadian diploma throughout her Majesty's dominions."

The opinion of Mr. Ouvry, for the Council, was to the like effect, and the president, in reply to the Privy Council Department, said the Medical Council had aimed to procure equal privileges for all who were equally deserving, and would greatly deplore any action by the Home Government or by the Colonial Legislatures which should check, or tend to check, this result.

The correspondence was entered on the minutes.

QUEBEC MEDICAL BILL.

There is at present a Bill before the Legislature of Quebec, to amend and consolidate the Act relating to the medical profession in that Province. It was introduced by the Hon. Dr. Church and has passed the second reading. According to the provisions of the Bill, the profession of Quebec is to be incorporated under the name of the "College of Physicians and Surgeons of Quebec." The affairs of the college are to be conducted by a board of governors, forty in number, elected for three years, thirty to be chosen from among the members of the college, and ten to be nominated by the universities, colleges and incorporated medical schools, viz., the University of Laval at Quebec two, Uni-

versity of Laval at Montreal two, McGill College two, Bishop's College two, the Medical Department of Victoria College two.

The board of governors shall constitute "The Provincial Medical Board," and no person shall be allowed to practise medicine, surgery or midwifery in the Province of Quebec until he obtains a licence from this board. Every person who has obtained or who may hereafter obtain a medical degree or diploma in any university or college mentioned in the Act shall be entitled to a licence without examination, provided that such diploma has been obtained after four years of professional study; and the board may grant the same privilege to holders of diplomas in medicine from other British, Colonial or French universities or colleges. Those who have not obtained a degree or diploma from any of the institutions mentioned in the Act shall, in order to entitle them to the licence, pass an examination in medicine, surgery and midwifery before the Provincial medical board, and also furnish evidence of having complied with the rules and regulations laid down by the board.

The board has also power to establish a preliminary or matriculation examination which all students commencing the study of medicine must pass, or otherwise present a certificate of having passed an equivalent examination in some college in Her Majesty's dominions, and acceptable to the board. The subjects of the preliminary examination are English or French, Latin, geography, history, algebra, arithmetic, geometry, belles-lettres, and one of the following optional subjects—Greek, natural, or moral philosophy.

Persons from recognized colleges outside of Her Majesty's possessions must first matriculate (or furnish an equivalent matriculation certificate), attend one six months' course of lectures in a Provincial school, and pass a professional examination before the Provincial medical board.

The Provincial medical board shall have power to regulate the study of medicine, preliminary examination, curriculum to be pursued, duration of study, etc., make rules for the guidance of the examiners, and prescribe the subjects and mode of examination. They have also power to appoint assessors to visit and attend the medical examinations of the various universities, and to report to the board upon the character of such examinations. Candidates for the licence must have studied medicine for a period of four years from the date of matriculation, attended three 6 months' courses of lectures in an approved university or college, and present certified tickets on two courses of lectures on each of the leading branches, and one on each of the minor ones.

The Act also provides that any person who has attended medical lectures during three sessions in any medical school in Her Majesty's possessions, and who has been actually in practice for a period of thirty years, shall be entitled to registration without examination. Provision is also made for the admission of women to practise midwifery.

The members of the College shall pay an annual fee of $2. A tariff of fees shall also be laid down by the board to be charged in towns and country for attendance and services, such tariff to be valid when approved by the Governor in Council of the Province. This clause is an improvement on the Ontario Medical Act, in which the tariff is simply approved by the Council, and places its legality beyond a question of doubt.

These, together with some penal clauses somewhat similar to those of the Ontario Medical Act, are the main features of the bill. The bill is an improvement on those that have preceded it, but it is very imperfect, inasmuch as it does not provide for a central examining board, which ought to be made an essential feature in all medical legislation of the present day. It is impossible satisfactorily to raise the standard of education when certificates from several different and competing universities and schools are received as of equal merit, and entitling the holder to the licence. It is notorious that the standard of the different medical schools in Quebec is not uniform, and it is most unfortunate that the authorities of Laval, who are blamed for standing in the way of a central board, by refusing to surrender the rights of their students under their charter to demand registration without examination, should oppose so wholesome a reform in medical education. Laval has everything to gain and nothing to lose by sanctioning the formation of a central examining board, and we trust soon to see that important feature engrafted upon the present medical bill.

THE BRITISH MEDICAL ASSOCIATION.

The forty-seventh annual meeting of the British

Medical Association was held in Cork, commencing August 5th, and continued in session four days. The attendance was as usual very large and the meeting was a most successful one. Among the visitors from abroad were Drs. Charcot, Mussy, Gallard, Ball and Bonnafonte of Paris; Martin, Weber-Lich and Hirschberg of Berlin; Pacchiotti of Turin; Cordes of Geneva, and Sayre, Seguin, Loring, Turnbull, Da Costa, Yandell, Palmer, Byford and Beard of America.

The President, Dr. O'Connor, Prof. of Medicine, Queen's College, Cork, delivered the annual address, in the course of which he referred to the improved sanitary condition of Cork, as evidenced by the diminished death-rate, disappearance of typhus, etc.—due to the increased water supply and improved sewerage. He showed that Cork had, during the last half century, regained its educational character. They had a school of design, a musical academy, and a large number of educational establishments, besides asylums, hospitals, etc. He then alluded to the objects of the Medical Association, in furthering the common brotherhood of the profession and in advancing medical knowledge, and the mutual advantages of the practical physician and the scientist, the work of each aiding the other in establishing a rational basis for the treatment of disease. He gave to hygiene a high place among the recent advances in knowledge.

The address in medicine was delivered by Dr. Alfred Hudson of Dublin, on "Laennec: his Labors and their Influence in Medicine," and was a most eloquent and interesting one. He pointed out that Laennec was the initiator of *method* in our investigations of disease, and alluded to the influences of his work on the progress of medicine, and its moral effect on the members of our profession. No one will doubt that the acquisition of the vast amount of subjective data upon which we now base our conclusions, must tend to make us more honest and truth-seeking. Although he was eminent as a pathologist, his fame will always depend in great measure upon his clinical investigations.

Mr. Savory's address in surgery, on "The Prevention of Blood-poisoning," was most interesting and instructive and was listened to with marked attention. Although he did not make an attack upon Lister's "antiseptic dressing," he laid particular emphasis on the statement that "the best results have been achieved by the simplest means," which, if admitted, would be fatal to the claims of Lister's method. He dwelt very strongly on the necessity of great care and attention to the dressing of wounds; the patient's health and surroundings; the selection of the operative procedure; and while he admits the ingenuity of Mr. Lister's practice, and the good which has followed its use in hospitals, he complains that what is called "antiseptic surgery" fixes the attention too exclusively upon the dressing of the wound, to the exclusion of other matters of at least equal importance. Mr. Savory is not a believer in the germ theory, for he says, "if it be true, what possible explanation is to be given of the kindly healing of exposed wounds?" This difficulty is one which has been felt by every surgeon of experience, ever since the theory was broached. If the air be thus loaded with germs, and if one or two of them slip ping through the dressing or introduced by the fingers or an instrument are sufficient to cause an attack of pyæmia, how is it possible for wounds to heal kindly that are completely exposed? Mr. Savory's address shows the need of more definite information on many of the most essential points of surgical treatment, and more especially full and definite comparison between the results of antiseptic and ordinary surgery.

Dr. Sayre, of New York, gave a demonstation on Hip Disease before a large audience.

The address on "State Medicine" was delivered by Dr. Andrew Fergus, and was, as might have been expected, a most able and interesting lecture.

In the sections, Dr. Andrew Clark, of the London Hospital, delivered the address on medicine, taking for his subject "Medical Education—Present State of Therapeutics—Prospects of Experimental Enquiry." The address in the surgical section was delivered by Dr. W. K. Tanner of Cork, on "Surgery in Cork—a Retrospect," and the address in the obstetrical section was by Dr. Playfair, on "Intra-uterine Medication." Some of the most interesting of these addresses will appear from time to time in our columns.

The honorary degree of M.D. was conferred upon the retiring (Dr. Falconer) and incoming presidents by the Queen's University, Dublin, in commemoration of the meeting of the Association in one of the colleges of the University.

DOCTORS' PRESCRIPTIONS.

The *Evening Telegram* of this city has recently been making an investigation into the practice common among certain druggists, of allowing the doctors a percentage on all prescriptions sent them. Although we have no sympathy with the practice, we do not think it is a matter that interests the public one iota, as the druggists charge a very nearly uniform rate for the prescriptions put up by them. But there is a subject which interests the public much more, and that is the habit among nearly all druggists of prescribing over the counter for persons who apply to them for medicines for various ailments. This is a very serious matter and one which ought not to be overlooked, and the enterprising editor of the *Telegram* would do an infinitely greater amount of good if he could be the means of arousing the public to the danger of trusting their lives in the hands of men who have never made such special study of "the ills that flesh is heir to," as to enable them to diagnose and prescribe for disease with any degree of skill and certainty. The discussion so far, has brought to light the fact that nearly all the doctors send their prescriptions to the druggists, thus throwing a handsome revenue into their treasury, and they certainly ought to be content without endeavoring to rob the doctors of their fees for prescribing. Some of the druggists in this city have also been known to traffic in the doctor's prescriptions, and the latter have been obliged to discontinue sending them to such druggists to be filled up. Apart altogether from the percentage system which we are not now discussing, for, as we have said, it is not a matter affecting the public interests, it is not only very convenient, but also most expedient, that the doctor should send his prescriptions to a druggist upon whom he can rely, who fully understands his mode of prescribing, his handwriting, his abbreviations, etc., and who keeps those medicines constantly on hand that he is in the habit of prescribing. This is, we apprehend, one of the chief reasons why patients are sent to a particular druggist to have their prescriptions filled. Although druggists are as a rule as honest as the generality of tradespeople, they are not all or always to be relied upon. Instances have occasionally come to light, where the druggist has been tempted to substitute one kind of medicine for another, and probably a less expensive one, or, in the case of costly medicine, to diminish the quantity ordered. Physicians have therefore found it to their interest to deal with certain druggists and to hold them responsible for the proper carrying out of their directions. The druggist who receives all the prescriptions of a particular physician, will be more careful and anxious to retain his confidence, than the druggist who receives only a casual one.

MEDICINAL FLUID EXTRACTS.

Much dissatisfaction has been expressed by the profession with the many and various manufactures of so-called fluid extracts, and we regret to say that the objection has in many cases been well founded. The administration of medicines in this concentrated form has grown in favor of late years, but the unsatisfactory results often obtained has led to serious doubts as to their efficacy. We have had brought to our notice the *Medicinal Fluid Extracts* made by Messrs. Wyeth & Bro. of Philadelphia, and from what we know of the reliable character of these chemists, we can confidently recommend their preparations to the attention of the profession. These *Extracts* have been thoroughly tested and proved to be all that is claimed for them. Samples are being distributed among physicians throughout the country and the manufacturers ask for them a fair trial. These extracts are well prepared and of full strength, every one of them representing absolutely the activity of the drug, grain for minim.

In drawing attention to the above we desire to notice some of the other valuable preparations of this firm. Their *Dialyzed Iron*, now so favorably known, was originally introduced by Wyeth & Bro., and is now acknowledged to be the only preparation that has fulfilled all the claims made for it. Physicians must not be surprised if, in using dialyzed iron of spurious and inferior quality, they do not get the desired results. We have used the preparation made by Wyeths and have found it to give entire satisfaction.

Their *Compressed Powders* are also very elegant in form, and, being free from all excipients, are very soluble. They are fast growing in popularity, and physicians may rely in obtaining the best results in prescribing them.

Wyeths' Elixirs, Beef Iron and Wine, Cod-liver Oil with Hypophosphites, Peptonic Pills, and Chlorate Potash Tablets have been thoroughly tested and largely prescribed, and have given the profession the utmost satisfaction.

Beautiful Pictures.—Messrs. Stinson & Co., of Portland, Maine, publish only the better class of pictures, and it is well known that anything coming from this reliable house is of standard merit. We have just received copies of four very fine steel engravings, which they have just brought out. The plates were engraved in London, at an expense of four thousand pounds sterling. These engravings are after paintings by great modern masters of art, and the artists who engraved the plates stand in the front rank of the world's renowned engravers. They make up the finest and most elegant set of works of high art ever brought out by American publishers.

We have also to acknowledge the receipt of a beautiful and finely executed chromo, "The Cally Lily," which is a perfect gem in its way. The above firm stands at the head of the art publishing business in America. We call attention to their advertisement in another column.

Canadians in England.—The following gentlemen have passed the primary examination of the Royal College of Surgeons, England; J. C. C. Cleaver, W. F. Cleaver, W. H. Henderson, of Kingston, Ont; J. B. Lawford, T. G. Hockridge, and G. R. Butler of McGill College, Montreal; and H. Teevan of Toronto. The friends of Dr. Teskey, M B., of Trinity College Toronto, and G. H. Cowan, M.B., will be glad to learn that they have successfully passed the final examination of the Royal College of Surgeons England and have been admitted members of that body. G. T. McKeough, M.B., M.R.C.S., Eng., Trinity Medical College has recently obtained the L.R.C.P., London and Edinburgh. He has also been elected a Fellow of the Obstetrical Society of London.

Canada Medical Association.—The meeting of the Canada Medical Association will be held, as previously announced, in London, commencing on Wednesday the 10th inst. The following papers have been promised: — On Alcohol, by Dr. Bucke; Entropion and how to cure it, by Dr. Alt; Placenta Prævia, by Dr. Workman; Uterine Fibroids, by Dr. Rosebrugh; Dermoid Cyst of Ovary, by Dr. Grant; Demonstration on Medical Anatomy of Brain, by Dr. Osler; Pilocarpine in Iritis, by Dr. Buller; Remarks on Therapeutics and Materia Medica, by Dr. Playter; Use of the Long Forceps by Dr. Temple; Science of Medicine and Common Sense, by Dr. Curry, &c., &c.

Paper Jacket instead of Plaster of Paris in Spinal Disease.—Dr. A. M. Vance of New York (*Med. Record*, June 21st) has been using for some time past a jacket of brown manilla paper stiffened with glue (1) and oxide of zinc (2), instead of Plaster of Paris *a la Sayre*, in the treatment of spinal disease. It is constructed with laces down the front so as to be tightened, or removed at pleasure. The advantages claimed for this plaster are that it is much lighter, more durable, not being friable like plaster, and may be made to fit more accurately by means of the laces.

Digitalis Combination.—A correspondent asks us to republish the formula of Dr. Kerr's "Digitalis Combination." The recipe contains four officinal and *three* non-officinal ingredients; officinal—opium, dulcamara, and stramonium, of each one ounce, digitalis, half an ounce; unofficinal—sium lineare (water parsnip), cicuta maculata (water hemlock), conio-selinum canadense (hemlock parsley), of each one ounce—the whole to be reduced to a fine powder. The usual dose for an adult is six grains.

Lactopeptine.—We have on more than one occasion drawn attention to the excellence of this elegant pharmaceutical preparation, in the treatment of indigestion, vomiting of pregnancy, cholera infantum, etc. Now that the latter disease is so prevalent, it may not be out of place to refer again to this remedy as a most invaluable agent in its treatment. Combined with chalk, bismuth, or lime water, it is of especial service and may be confidently recommended.

A Third Corpuscular Element in the Blood.—Dr. Norris, at a recent *conversazione* given by the College of Physicians, London, demonstrated by a series of transparent micro-photographs, the existence of a third corpuscular element in the blood. He says it has hitherto escaped recognition, owing to the fact that it possesses the

same color and refractive index as the liquor sanguinis, and is, therefore, invisible in that fluid.

SIMPLE ELIXIR.—

℞ Spt. Orange ..... ℥ ij
Spt. Cinnam ..... M x
Alcohol..... ..... ℥ iv
Syrup
Aqua..... *aa*..℥ vi
M.

This is used as the base of all other elixirs, and if colored red by tincture of cochineal is called *red elixir*. Spirit of oranges is made by dissolving one ounce of oil of sweet orange in fifteen ounces of stronger alcohol.

THE NEW ARCTIC EXPEDITION.—The arctic exploring party, fitted up at the expense of James Gordon Bennett, of the New York *Herald*, and under the auspices of the United States Government, sailed in the steamer Jeanette from San Francisco for the Arctic Sea early in July last. The commander is Lieut. de Jong, and among the scientific staff is J. Collins, Professor of Meteorology.

THE DISCOVERER OF ANÆSTHESIA.—In an article first published in the *Virginia Medical Monthly*, and which is now published in pamphlet form, Dr. J. Marion Sims claims that Dr. Crawford W. Long, of Athens, Ga., was the discoverer of anæsthesia. Dr. Long extirpated a tumor from the neck of a patient in March, 1842, while she was completely anæsthetized by the inhalation of sulphuric ether.

THE UBIQUITOUS NEWSPAPER REPORTER.—Another of these ubiquitous newspaper reporters has been making free use of the name of a medical man in the *Leamington Post* of July 31st. In a chapter of accidents (five in number) the Dr's name has been paraded in each case, almost leading to the conclusion that he is the only man in that part of the country competent to treat accidents of the nature referred to.

TREATMENT OF ACNE PUNCTATA.—This affection which is characterized by the appearance of black specks on the face and neck, occurring about the period of puberty, is best treated by dusting the face with precipitated sulphur every night, with an ordinary puff used for toilet purposes. It will usually effect a cure in about a week. The sulphur if scented with oil of roses or lemon will be less objectionable.

CREDIT TO WHOM CREDIT IS DUE.—We notice that some of the British, and also a few of our American cotemporaries, in copying from the CANADA LANCET, refer to it as the *Canada Medical Journal* (which of course is correct in a certain sense). Although "there isn't much in a name," yet we prefer our own to that of any other.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The preliminary examination of candidates for the study of medicine and surgery is announced to take place at Laval University on Thursday, 18th inst. The semi-annual meeting of the Provincial Medical Board also takes place at Laval University on the 23rd inst.

CORONERS.—The following gentlemen have been appointed Coroners for their respective counties: Charles A. Jones, M.D., of Mount Forest, for the County of Wellington, J. H. Webb, M.D., of Waterloo, for the County of Waterloo, and J. Lane, M.D., of Mallorytown, for the Counties of Leeds and Grenville, Ont.

CURARE IN HYDROPHOBIA.—Several cases of hydrophobia have been reported lately in which curare has been successfully used in the treatment of this hitherto intractable disease. The success has been such as to warrant the conclusion that a remedy has at last been discovered for the treatment of hydrophobia.

LIME JUICE.—The London *Lancet* prescribes an ounce or two of pure West India lime juice, with sugar, as the best drink for hot weather. The *Lancet* is right. But unless our memory fails us, he has left out one or two of the ingredients.—*Philadelphia Evening Bulletin.*

TO TEST FOR ALBUMEN.—Pour some nitric acid in a test tube, then drop the fluid supposed to contain albumen down the side of the tube. If albumen be present an opaque white ring is seen on the surface of the acid. Dr. DaCosta says this is the most delicate test with which he is acquainted.

RETIREMENT.—Dr. McCaul, President of University College, Toronto, and Prof. Croft have

been superannuated and retired on two-thirds of their permanent salaries. These gentlemen have been connected with the University for a period of thirty-five years.

Novel Remedy for Hay Fever.—Dr. Sebastian (*Med. Herald*,) recommends the wearing of a thick ladies veil over the face and mouth during the critical season as a preventive. He has employed it with most successful results in his practice.

Bleeding in Puerperal Fever.—Dr. Ellerslie Wallace of Philadelphia recommends copious bleeding in the treatment of puerperal fever, to be followed by full doses of the watery extract of opium. He has no faith in leeches or blisters.

Appointments.—Dr. King, of this city, has been appointed physician to the "Mercer Reformatory for Women," and also to the "Ontario Industrial School for Girls," both of which are in course of erection in Toronto.

We understand that Dr. Canniff of this city proposes to form a class for private instruction in pathology, clinical medicine and surgery, during the winter session, time and place to suit convenience. He will also give clinical lectures at the Toronto Hospital.

The death of Mr. Maunder F.R.C.S. Surgeon to the London Hospital is announced in our British exchanges.

Reports of Societies.

MICHIGAN STATE BOARD OF HEALTH.

The quarterly meeting of the state board of health was held in Lansing on the 8th of July, all the members were present.

The president presented a letter from Theodore H. Monk of the meteorological office at Toronto, asking for a set of reports of this board, as they desire to inaugurate a system of health and weather observations similar to that of the Michigan board. Secretary Baker presented a communication from the secretary of the epidemiological society of London, expressing great interest in the work of the Michigan board, especially that for the registration of disease.

A letter was presented from Mr Avery of Baltimore relative to lead poisoning as set forth by Dr. Kedzie's article on that subject, and claiming that he had demonstrated that electroplating the tin cans used in preserving fruit, and tin utensils of all kinds, with a thin coating of silver would prevent any poisoning thereby.

A communication was presented from A. J. Murray, veterinary surgeon at Detroit, relative to "cattle diseases in Michigan," and their relation to public health; also a part of a letter from a member of the National Board of Health on a similar subject.

Secretary Baker presented his report of the work in the office during the last three months. It included the distribution of a large number of the regular reports and other documents, and of the registration report of births, marriages and deaths. These were sent to meteorological observers, regular correspondents, sanitary exchanges, and other persons interested in such subjects in Michigan. Meteorological observations were regularly taken in the office of the board, and a condensed statement is each week published in the *Lansing Republican*. Weekly reports from over 60 observers of diseases have been received, examined and filed. A number of meteorological instruments have been purchased and sent to observers, and some new stations have been established. A demand for weekly reports of diseases has been made on health officers of cities, as fast as the names have been furnished by the city recorders. The secretary has spent considerable time in supervising vital statistics, particularly those for 1877, and in studying deaths from certain diseases in a series of years.

The board has in contemplation the examination of candidates in sanitary science, and the examination papers on this subject used in the university of London and other foreign colleges have been secured for study in this connection.

Dr. Lyster reported a plan for the examination of physicians in sanitary science.

Dr. Hitchcock made a report of depot privies, and made specific recommendations for remedying the nuisances which now prevail.

He said depot privies should never have a vault, but should be water closets connected with a sewer, or be supplied with dry earth or coal ashes; and it should be made the special duty of a station

employee to see that the floors are scrubbed daily, the closets kept clean and in perfect operating order, and the whole closet thoroughly disinfected each day. In places where a sewer is not accessible, the closet in which the dry earth or coal ashes is used should be often cleaned, and the refuse buried. For water-closets he recommended "Rhoad's Porcelain seated hopper closet" supplied with Meyer's No. 1 Patent waste preventing cistern. This closet is arranged to flush when the door is opened and is just the thing for public places, as the hopper is non-absorbent and the shape prevents persons using it from getting on it with their feet For smaller stations where a water closet could not be used, he described and recommended an exceeding y simple dry earth closet but insisted upon the necessity of every-day attention to it by an employee at the station.

The committee on sanitary conventions recommended that one be held in Detroit in December or January, and the next at Grand Rapids. Efforts will be made to get as large an exhibition of sanitary appliances together as possible. Manufacturers and dealers in sanitary appliances are requested to forward catlaogues, advertisements etc., and to correspond with the secretary relative to placing their wares on exhibition.

A sample of red flannel from Dr. Nash of Lapeer, reported to have caused sores, had been examined by Dr. Kedzie, and found to have been colored with analine which contained arsenic and tin.

The next regular meeting of the board will be on October 14th, '79.

Books and Pamphlets.

A Clinical Treatise on Diseases of the Liver. By Dr. Fred. Theo Frerichs. Translated by Chas. Murchison, M.D, &c. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

The above work has just been issued from the press, in 3 volumes of the usual size of "*Woods Library of Standard Medical Works.*" The name alone of the illustrious German author, might suffice for a guarantee of the excellence of the treatise, which is, beyond question, the most comprehensive, as well as the most luminous exposition of the morbid affections of the liver ever yet contributed to the science of medicine, and affords another proof, were any wanted, of the indomitable industry and persevering practical research of our German professional brethren.

The very first lines of the author's preface cannot fail to prepossess the reflecting reader with a favourable opinion of the work, and to incite to its thorough exploration. "At the present day," writes Frerichs, "it is agreed, that the science of life is undivided, and that no real defined limits exist between the varying phenomena." And again, —"Our general views of disease have been simplified since we have ceased to disconnect it from the phenomena of life, as something foreign and endowed with a peculiar and individual existence; while the several pathologcial processes have been rendered more intelligible, since they have been referred back to their physiological origin, and since their fundamental structural lesions have been carefully and thoroughly examined."

In these rational preliminary enunciations, the cultivated professional reader will promptly see that he may anticipate high gratification and valuable instruction, from the stûdious perusal of the entire work. How different this doctrine, from the antiquated, and far too long time hallowed, conceptions of disease, which regarded every malady that "flesh is heir to," not only as something alien to the phenomena of life,—a distinct concrete entity,—foreign to the realm of vitality, "endowed with a peculiar and individual existence!" Such, indeed, at the present day, is still the conception of the ignorant, and such constitutes the almost entire trading capital of all quackery and charlatanry. Not before the great central fact of the affinity,—nay indeed, of the very identity—of disease and health, has been recognised, can a fair start be made in the rational study and pursuit of medicine.

To signalize any special chapter of Frerich's treatise, might be but to run the risk of unwittingly falling into unjust or ignorant oversight of the higher merits of many others; but, in truth, an adequate review,—much less, indeed, a competent criticism, of these volumes, would be a labour as far above our abilities, as its extent would be beyond the available limits of our space for this department of journalistic recognition. Yet we cannot close this brief notice without allusion to the frightful exhibitions of the consequences of

tight lacing, shown in the plates given in the third chapter of vol. 1.

We had almost begun to say, that could our young ladies, (and their mimetic sisters of the industrial classes), only see, even in wood-cut plates, the fearful havock perpetrated on their God-given natural organs, and especially on their lives, by the present ruling mania of transformation of their truly æsthetic original figures into dissociate, wasp-form monstrosities, they might tremble on the brink, and resolve to content themselves with that personal outline which the Creator—has beneficently bestowed on them;—but no, it is, and ever has been, and forever will be, utterly bootless, to remonstrate against this, or any other feminine aberration. They must fulfil the behests of destiny. The rigid Darwinian law of the "survival of the fittest" demands the weeding out of all soil-cumberers, in order to afford room and adequate sustenance for the more robust and more sensible survivors. So nice, delicate, pale darlings, pull away whilst your ribs are yet pliable, reduce at once your waists and your lives to the "shortest span," and leave the field to your physical and mental betters, who know better than to squeeze the maternal zones so far away up and down into the arctic and antarctic regions. Poor liver! poor stomach! poor pent up, and crammed down colon! whither must ye drift; which way shall ye flee? Which way ye flee is, as was that of Milton's Satan—hell. We say nothing in behalf of the spleen, for though only in women is its office well understood, in them its loss would be rather salutary than hurtful.

There is one class of the medical profession who are reaping a golden harvest from female follies and maternal misdirection. These are the *Gynæcologists*. If we may believe all we hear, read, and see, there are not 500 women over 25 years of age —nor 600 girls over 14, in this city, who labour not under some form of other or uterine trouble. This evil is still more common south of the Lakes than here. It would be more common in Canada, were our practitioners more astute, and less general in the States were women there more *really* modest.

Suggestive writers, such as Frerichs, are sure to draw their readers away into tangential by-paths. In fact no man with half a heart, or ever so little head, could read his third chapter of the 1st volume, and inspect the plates, without being thrown into a fit of compassion towards the peninsulated heart caskets every day met by him on our thoroughfares; but they must go on and complete their work of self-immolation, for they all, and all their seniors, say the men admire small waists, and why should not all girls do their best to please and capture the lords of their destiny? Poor fools, both!

We sincerely hope that our erratic jottings will not in any serious degree detract from the reader's pre-estimate of the book now before us; but should such unfortunately be the result, the mis-adventure must be soon corrected by every one who determines to possess it, and will sedulously master its contents; and assuredly no better disposal of either his money or his time can he possibly make.

"MAN'S MORAL NATURE." AN ESSAY BY RICHARD M. BUCKE, M.D., Medical Superintendent of the Asylum for the Insane. New York: G. P. Putman's Sons. Toronto: Willi g & Williamson.

Though Dr. Bucke is not so flagrant a heretic in medicine, as Dr. Poole, whose work was briefly noticed in the April number of the LANCET, we must not say that in the regions of moral or theological science, he evinces a whit less of bold insubordination than his adventurous confrére. Dr. Poole well nigh repudiated all pretensions to originality in physiological therapeutics, whilst proving to his own satisfaction, the general principles of his thesis from the writings of many eminent authors, who had failed to reach the logical conclusions which he educed from their recorded facts and opinions. Dr. Bucke has rehabilitated, in very attractive garb, an old doctrine which has been, [though often only incidentally, or quaintly,] propounded by several eminent physiological moralists; among whom Dr. B. particularly recognizes the lamented Bishat, whose early demise was one of greatest losses ever sustained by medical science. Bishat said that "all which relates to the passions appertains to the organic life." Dr. Bucke says "the physical basis of the moral nature is probably the great sympathetic nervous system." The two propositions are essentially identical, as any person who reads Dr. B's book cannot fail to perceive.

Hardly any careful and dispassionate investigation of human actions and character, can hesitate to admit that in their development and manifesta-

tion, something more than, and different from, mere intellectual sovereignty, bears sway. This is a fact which has either escaped the consideration of legislators and jurists, or has been ignominiously ignored by them; hence their pertinacious adherence to their blood-stained dogma, that moral and legal responsibility must be guaged by the capability of delinquents to distinguish between right and wrong; a doctrine which utterly excludes from the realm of judgment, all recognition, or consideration, of the entire range of our affectional nature, than which nothing can be more absurd, or more barbarous. Dr. Bucke, in the course of his essay, designates a certain class of persons as "*moral idiots.*" We remember, reading, a couple of years ago, the report of a trial for murder, in which Dr. Bucke gave evidence, as an alienistic expert, and designated the prisoner by this very term. We presume Dr. B. will not have forgotten the contempt with which his deliverance was received by the prosecution and the court, nor the derision showered on him by certain erudite editors. It was our belief at the time, based on the general tenor of the evidence, that Dr. Bucke's expression was the exact designation of the prisoner's psychical condition, and we are now gratified in finding in his book an explicit exposition of this mental defect. Dr. Bucke adduces various reasons for his supposition "that the moral nature and the intellectual are really distinct functions, or rather groups of functions." We are rather disappointed in finding that amongst these *reasons*, he gives first place to the conventional aphorism by which he alleges all nations are wont to depict the emotions.

"In the first place," writes Dr. B. "we feel that our emotions have their seat, not in our heads, but in our bodies, and the languages of all nations and of all times refer the emotions to the heart, in and about which organ are grouped the larger ganglionic masses of the great sympathetic system." This appeal to the authority of all nations and all times appears to us as but a limping reason to be stationed in the front rank of any argument; for what absurdity or what moral monstrosity, might not be sustained on this authority? Dr. B. must surely be well enough read in his own specialty, to know that witchcraft and demoniacal possession were, until very recently, believed in by all nations, and that not merely were they in all languages spoken of by the vulgar—as indisputable facts, but that even the most eminent jurists and theologians so regarded them, and descanted learnedly on their enormity. Was it not held by some overwise ancient physiological moralists, and accordingly subscribed to by many disciples, that the seat of the soul is in the stomach? And considering the potent influence of this organ over the moral manifestations of all mankind, and all animal kinds, would it be a greater stretch of assumption to ascribe to it the seat of all the affections, than to its far less susceptible neighbour, the heart?

We do not feel half pleased with Dr. Bucke for telling us that the "moral nature" (that is the *emotional*, or as Bishat has it, the "vie organique,") of woman, obtains preponderance at the expense of the intellectual capacity. Dr. B. says, "we know that her brain is smaller than that of man," and "we have reason to believe that the great sympathetic is larger relative to her size." We doubt if either of these propositions has been established. Woman's brain is smaller, no doubt, than that of man, but so is her body; and as to the assumption that her sympathetic nervesystem is larger—because to supply certain organs not found in man, it should be so, though this is an element called for by Dr. B's theory, it is neither a demonstrated fact, nor if demonstrated, would it follow that the aggregate influence over the moral economy would thereby be augmented. How do we know that the smaller sympathetic realm of the reproductive system in man, is not an ample equivalent, if not indeed an over-match, for that of wider extent in woman? That in both sexes the reproductive system may be under the arbitary control of the sympathetic system, we are not called upon to dispute; but we think no observant physiologist, or moralist, will deny that the intensity of the sexual passion in man, and in the males of all animals, is almost supremely greater than it is in the opposite sex. Quantity is not quality. We know a very eminent and able man whose hat would probably sit on the summit of Dr. B's head, and yet all who know this gentleman are astonished to think how so small a brain masters so much.

Dr. Bucke has very skillfully utilised the Jewish race, who certainly should feel very thankful to him for the moral altitude to which he has elevated them, and not the less so because they may not, before, have felt conscious of their own superior merits. Dr. B. alleges that the moral nature of the

Jews must be better than ours, because "their lives are better." We are always thankful for new facts, and this is certainly new to us. But the Dr. says he has still a surer ground for this fact, than the half-dozen or so credited to his money-loving brethren. "This ground," he writes, "is that the Jews have initiated the most advanced religions of the world, during the whole course of its history." In these religions no doubt Dr. B. ranks Christianity as the most excellent. Is it the general opinion of modern Christians that their religion has been but a natural *evolution* of Judaism, and that to His mere Hebrew affiliation Jesus was indebted for His competence to enunciate His new faith? If so, one of the most potent arguments adduced by writers on "the evidences,"—the miracle of its most unpropitious origin, is completely sapped. Why, Dr. B. tells us in another place that only one thorough, educated, Jew became a Christian, and for his conversion a miracle had to be wrought. Does this look like intellectual evolution? If Christianity was but a sublimated Judaism, why was it not most largely embraced by the highest intellects of the nation, instead of by a few poor and ignorant fishermen? Verily had the religion of Jesus never found a more congenial soil than that of Judea, we doubt whether it would to day number so many millions of professors. Had not Constantine become a convert, and commanded his legions to follow him, would the Pope now sit in Rome? Truly, if Christianity was a mere evolution, or outcome of Judaism, it must have sprung, not from Jewish intellectual eminence, but from Dr. Bucke's supereminent Jewish "sympathetic nerve system;" and perhaps Dr. B. will be content with this concession.

There is no small gratification in reviewing a book so replete with substantial, clever and courageous writing, as is the little volume now before us. If we have singled out a few passages to which we decline subscription, our readers must not infer that we hold in low estimation the general substance of the work. It is assuredly a work which has cost its author much thought and large study, and it is written in a style, which, though not always elegant, is yet attractive and terse, and we welcome its entrance into Canadian literature, as a first fruit's offering highly creditable to our young Dominion. Should a second edition be called for, as we sincerely hope may be the fact, we would recommend the correction of a few grammatical oversights, which may be chargeable against the compositor, or the proof reader; for example on page 39, "the mental image of all forms of hopelessness and infancy awaken;" a singular nominative governing a plural verb. Again at top of page 164, "to justify the expectations which he or she excite." Every writer who has had experience of the havoc often made in his text by ignorant or conceited typos, must well understand the annoyance thus caused to an author of such ability as this book proves Dr. Bucke to be.

Elementary Quantitative Analysis. By Alexander Classen, Professor in the Royal Polytechnic School, Aix la Chapelle. Translated by Edgar F. Smith, A.M., Ph. D. Published by Henry C. Lea, Philadelphia: Willing & Williamson, Toronto.

This is a compendious little treatise which must be of great value to the analyst and practical chemist. "It has been adopted as a text-book in the laboratories of almost all the prominent German universities and polytechnic schools, and has taken rank by the side of the older and larger works on the same subject," and has been translated into the French, Russian, Polish, as well as now into English.

A Manual on Examinatron of the Eyes.—By S Landott, Directeur-Adjoint of the Ophthalmological Laboratory at the Sorboune, Paris. Translated by Swan M. Burnet, M.D. Published by D. G Brinton, Philadelphia; Willing & Williamson, Toronto.

This work must, of course, be best appreciated by the specialty for whose instruction it has been designed. It is given in 24 lectures, which are illustrated by 44 well executed plates, with a chart at the end, "of the movements of the eyes, and their derangements."

Births, Marriages and Deaths.

At Bloomfield, on the 30th of July, A. C. Bowerman, M.D., to Miss Ida E. Bedell of the same place.

In Aberdeen, Scotland, on the 30th of July, W. S. Muir, M.D., L.R.C.S. & P., Edin., of Truro, N.S., to Catharine Jane, eldest daughter of W. Lawson, Esq., of Aberdeen.

On the 7th of June, Robert Campbell Fair, M.D., of Orangeville, in the 38th year of his age.

At Brockville, on the 27th ult., J. H. Morden, M.D., of heart disease.

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ON PLACENTA PRÆVIA.

BY JOSEPH WORKMAN, M.D., TORONTO.

MR. PRESIDENT AND GENTLEMEN:—You will all admit that it is very natural, as it certainly is very proper, that, considering my long isolation from the field of general practice, I should with some timidity venture to address you on a subject with which I have for so many years had very little opportunity of practical acquaintance. Having, however, on previous occasions experienced your fraternal condescension, I am encouraged to submit to your consideration a few remarks on a distressing incident, which may have often engaged your serious attention; though, before proceeding, I must frankly state that I am actuated much more forcibly by the desire to elicit valuable information from the discussion which I trust this paper will evoke, than by any expectation of augmenting your knowledge by anything I am competent to offer.

The subject on which I am now, by a revived affinity, induced to offer a few re-habilitated thoughts, is that formidable physiological deviation known as *placenta prævia*. It is now a third of a century since I committed to paper in the form of lectures, for my class in the old Toronto School of Medicine, the views which I then held on this dangerous complication, and perhaps there may be in my present auditory some who have not forgotten my words.

In one of those frequent conferences which it is my privilege to hold with my valued friend, Dr. Charles W. Covernton, our conversation turned on the subject of unavoidable uterine hemorrhage, and in consequence of some allusions made by me to the opinions expressed in my lectures, and to certain rough drawings illustrative of them, Dr. C. requested that, at our next interview, I would go into fuller details. I did so, and after politely listening to my rehearsal, and viewing the drawings, Dr. C. urged me to prepare a paper on the subject for this meeting.

I confess, however, that in venturing to address an assemblage such as this, comprising as it does the most distinguished and experienced members of the medical profession of Canada, I am not a little embarrassed by the consideration of my imperfect acquaintance with the present prevailing opinions on the subject to which I have been induced now to entreat your patient attention. It may be that the views which I entertain harmonize with those of the majority of your body, and that, consequently, my exposition of them on this occasion may be but a work of intrusive supererogation; or it may be, on the contrary, that extended practical observance has led you to conclusions quite antagonistic to those which I shall here endeavor, however feebly, to advocate.

I am, assuredly, very sensible of the formidable disadvantage under which any provincialist must labor, in controverting the hardly less than oracular deliverances of a teacher so eminent as Professor Simpson; whose name must be venerated as long as the primal fiat, "In sorrow shalt thou bring forth," shall continue to be the penalty of maternity. But as error is infinitely more harmful when promulgated by great men, than when obtruded by the undistinguished, it is every man's duty thoroughly to sift the *rationalia* of every new theory, however high may be the repute of its author.

I shall now, without further preface, reproduce a few of the more salient passages from my long stowed-away manuscripts, and I presume those of your number who remember the doctrines taught 40 or 50 years ago, and the introduction of the new theory and practice taught by Professor Simpson, of Edinburgh, will readily perceive that I concurred not in either the orthodoxy of the former, or the courageous heterodoxy of the latter.

In my 27th lecture, first delivered in December, 1846, I wrote as follows:—"Unavoidable hemorrhage during labor commences with a small discharge, which increases with each successive pain. Here, we are aware, there is, as in fact there must be, some separation of the placenta, for the uterus is now undergoing a sudden distension of its

*[Read before the Canada Medical Association at London, Ont., Sept. 10, 1879.]

mouth and neck. Sometimes the placenta is completely separated, and expelled before the child. This occurs in cases in which it is centrally implanted over the os uteri. In those cases in which it is attached rather to one side, with its centre removed from the mouth of the womb, it, of course, separates at that portion on which it has the smallest area of attachment; and this partial separation preserves its longest adhesion on the opposite side, for it is now no longer dragged, or put on the stretch, by the contrary or contending action of the opposing sides. It is to this circumstance that the child is indebted for the prolongation of life, though, according to Dr. Simpson, the safety of the mother is more jeopardized than by complete separation. Dr. Simpson's reasons for holding this belief are based on his peculiar and wholly untenable views of the anatomy and circulation of the placenta.

Complete separation of the placenta without simultaneous and rapid expulsion of the child must destroy its life. It is held by many that each successive pain tends to augment the hemorrhage, not merely by lacerating more vessels, but likewise by opening still wider those already torn. There seems to me to be no valid reason for believing that the lacerated vessels are opened still wider by each pain. On the contrary, I should rather be inclined to think that the uterine contraction tends to compress, or narrow, their mouths; for as the neck and lips of the womb are put on the stretch, in order to increase the diameter of the mouth, we may consider that the stretching of the zone around it, tends to narrow this zone; so that, supposing it to have been a certain breadth before the os began to open, by the time the opening attains, say to an inch wide, the cervical zone will have narrowed itself proportionally, and will thus have contracted the mouths of the torn or opened vessels; and were it not that with each pain the blood is driven with great force into the uterine vessels, we should find the hemorrhage not so great as may have been supposed.

It is not then, in my opinion, because of the increased dilatation of these vessels by each pain, that the blood escapes more copiously, but because each pain leaves an additional number newly opened, and probably each successive pain opens more than its predecessor did. Prof. Simpson actually advocates the early and complete separation of the placenta, as the best means of saving the life of the mother. Of course, he assumes, as a general inevitability, either the present or *paulo post* death of the child; the earlier the separation, the more certain this result. He has compiled a list of 140 cases, in which the placenta was either expelled by the pains, or manually extracted before the birth of the child, and this list shows that only 10 mothers out of the 140 were lost. On the other hand, he exhibits a table of 339 cases, in which 115 women perished, where the labor was differently conducted. It might have been instructive to be informed as to the management of these 115 victims. To prove that any *bad* system is good by comparing it with one that is *worse*, is but feeble logic. By mere figures you can prove anything, or disprove whatever you choose; figures are too often but deceptive exponents of facts, unless they are accompanied by true and full details of the facts represented by them.

Let us, however, follow up Dr. Simpson's principles to their legitimate issues. He says, "The complete separation of the placenta is generally, or nearly always, followed by a great diminution of the hemorrhage;" but the explanation of this fact, given by him, is quite vague and unsatisfactory. He says, "It is explicable not on the idea that the descending head of the child acts as a plug or compress on the exposed orifices of the uterine sinuses, but on the mutual vascular economy of the uterus and placenta, and the circumstance that the hemorrhage principally comes from the partially detached surface of the latter." Such were Dr. Simpson's words.

Now as to the child's descending head not tending to stop the flow of blood, he is right, provided the head has not yet reached the seat of hemorrhage, which means it cannot press the vessels before it *does* press them; but certainly he is wrong if he holds that the hemorrhage will be as copious after the head has begun to press them, as it was when they were not so pressed.

In the second place, as to the mutual vascular economy of the uterus and placenta,"—what have we here but so many fine words? What substantial idea do they convey to the mind of the student? If they mean anything at all, it is that the separation of the placenta from the uterus puts an end to the demand by the placenta for the supply of maternal pabulum, and therefore that supply is not furnished;

and why not so? for Dr. Simpson might ask—what can a dead child want of such superfluity?

It would certainly be a great consolation to the anxious obstetrician to feel assured of this fact, when he is on the look-out for flooding, after the separation and expulsion of the placenta in ordinary labors. O! a fig for the fear of hemorrhage, let him say, the "mutual vascular economy" will take care of that. But we do, however, unfortunately know that the separation of the placenta and its expulsion after the birth of the child, despite Dr. Simpson's "mutual economy," are too often followed by hemorrhage, and that too, unquestionably from the mother.

In the third place, Dr. Simpson's idea as to the hemorrhage coming principally from the detached portion of the placenta, is so visionary as to excite our astonishment that it could ever have been entertained by even the most poverty-stricken advocate of a new theory. It would appear utterly incredible had we not the statement from Dr. Simpson's own pen, that he entertained the belief that the unavoidable hemorrhage in cases of placenta prævia "principally comes from the partially detached surface of the placenta." Assuredly whatever blood may thus escape is not drawn from the mother, but from the child, for there is no community of blood circulation between the mother and the child. It is true the child derives its nutriment from the blood of the mother, but not by the transmission of this into the vascular system of the child. This fact has been established beyond all controversy. The mother, then, will never bleed to death from the placenta, which is, in truth, no part of her system, but an organ of the fœtus, formed by, and for itself. But the mother does too often bleed to death, and the child then comes also to death, partly perhaps by the escape of its blood from the detached portion of the placenta; but mainly in cases of total placental detachment, from cessation of blood renovation by its vicarious placental lungs.

Dr. Simpson's notion as to the blood passing over from the still adhering portion of the placenta into the detached portion, is surely out of accord with the anatomy and vascular economy of the organ. The human placenta, although apparently an individual mass, is, in reality, but a corporate assemblage of numerous *placentulæ*, which are the analogues of the cotyledons of other mammalia. Each of these has its own distinct vascular system, which has no inosculation with the vessels of adjacent cotyledons, or lobes; so that did the mother's blood actually flow into the yet adherent lobes, it would not cross over into the detached ones, as Dr. Simpson imagined. This *dissociated association* of the constituents of the placenta, is, in my opinion, a very important factor in the "*mutual vascular economy of the uterus and placenta*," for I believe that the associated cotyledons, or lobes, may through the distensibility of the interlobular connective tissue, undergo a certain extent of separation from one another, and thus accommodate themselves for a time, at least, to the enlarging uterine surface. During the period of uterine enlargement, it is presumable that the placenta enlarges *pari-passu* with the enlarging uterus, and thus an harmonious economy is preserved; but exceptions to this uniformity of pace may occur, and then a struggle must arise. It may be in some such struggle that those early hemorrhages in the 6th and 7th months of pregnancy, take place. These, in their inception, are unaccompanied by pains; they come on suddenly, without any admonition to the woman, so that it would seem they have not their origin in uterine muscular contraction, or if such contraction is present it is not associated with the usual sensation.

It has been most unfortunate for Dr. Simpson's theory that he ever descended to the discussion of its rationale. His great name and fame might else have conferred on it a more enduring vitality. It is always indiscreet, in propounding new theories, to enter into extended discussion of their merits.

The fact would seem to have been overlooked by many, that the placenta, in its normal attachment to the uterus, is a resisting body, and that it resists uterine effort. The action of the uterus is directly towards the dilatation of its own mouth, and the extension of the length and narrowing of the breadth of the cervical zone underlying the placenta. The placenta is pretty firmly attached to this zone, and must, to no trivial extent, resist the process of distension. Were the placenta attached with abnormal firmness to the uterus, as indeed it sometimes is, we might even believe that instead of a dissolution of the natural connection, an actual tearing asunder of the placental structure would finally occur. The fact is unquestionable that some force, often in truth considerable, is re-

quired to detach it from the uterus. The necessity for this force implies resistance to it, and this resistance must, *quoad hoc*, retard the opening and normal dilatation of the os uteri, and consequently prevent the narrowing and elongation of the cervical zone.

Here comes the important practical question, as to how, and how far, we may safely and profitably aid nature. Whatever promotes the effective dilatation of the os and cervix uteri, and thus consentaneously advances the labor, and closes the torn vessels and exposed sinuses, must be in the right and safe direction; but whatever foreruns this, and throws upon nature premature requirements, must be wrong. We always best aid nature by imitating her. It is my belief that Prof. Simpson, by some process of latent cerebration, rather than by the adjuvancy of his "mutual vascular economy of the uterus and placenta," did actually imitate nature, and by releasing the uterus from the resisting tenacity of the placenta, gave it a fair opportunity for doing its appropriate work. At all events I am quite prepared to believe, that in the 130 cases cited by him, as terminating fortunately by nature's spontaneous action, this "mutual economy" of forces and resistance was actually observed. When the placenta has been in part detached, that part which still adheres, resists, to a certain extent, the distending process; but when the adherence is finally and totally broken up, the cervix uteri obeys the unbridled force of the longitudinal fibres, and the placental zone becomes narrowed so as to obliterate totally the mouths of bleeding vessels. Could we then exactly appreciate the extent to which the placental adherence is retarding the process of dilatation, and feel assured that the vessels we tear, and the sinuses we uncover, will be promptly sealed by uterine muscular contraction, as they undoubtedly are in cases of spontaneous detachment and expulsion, to that extent might we safely anticipate nature's action.

In the process of distension the uterine surface on which the placenta sits, undergoes a complete change of form. From having been at first a circle, (or rather a quasi inverted cone,) with radii of 3 or 3½ inches, it is, by the opening at the centre, which is increased by every successive pain, converted into a zone, now approximating to the form of the earth's temperate zones, whereas it primarily had the form of the frigid zones, the polar centres of which correspond to our central os uteri, or the insertion of the umbilical cord. The continuous stretching of the inner or lower margin of this zone, must at once narrow its breadth, and continuously lay bare more and more of the uterine area, on which the placenta was placed. This recession or shrinking upwards, of the lower part of the zone, being the equivalent of the elongation of its inner boundary, and of its decrease of latitude, must be concomitant with a very notable change of form and condition of the blood-vessels passing lengthedly through the uterine wall, between its fibres, and opening on its surface, so that when the whole process of severance is accomplished, and the os is sufficiently distended to permit the passage of the child's head, or of its breech, the blood vessels have become compressed and strangulated, and are now no longer pervious. This is the actual "vascular economy" of the case, but certainly not that economy which Dr. Simpson alleged, for his is an utterly one-sided mutuality; it economizes for the mother at the cost of the child.

I have before said that we best aid nature by imitating her. That we may, in any process, imitate nature, it is indispensable that we should see, and clearly comprehend, how she does her work. We may, by imitating her, hatch eggs by a properly graduated heat, but if we should ignorantly overheat them, or by a higher heating, fancy that we shall shorten the period of normal incubation, we shall find that we have made a sad job of it.

When spontaneous detachment of the placenta takes place, nature does not effect it by tickling the child till it kicks off the placenta. She does her work more skilfully and more gradually. She does not tear off adhering portions before the denuded uterine surface is prepared to close the lacerated or exposed vessels. Because of the resisting utero-placental adhesion, her contracting energy and action must always be considerably in advance of the completion of her work, so that, to use a vulgar adage, she has not "to seek for the ladle when the soup is in the fire." But how must matters go when we dash away ahead of her, at *tearing* pace, and lay bare a large utero-placental surface not yet in a state of progressing active contraction?

Dr. Charles Bell, in a paper published in the *Edinburgh Medical Journal*, June, 1878, on the subject of placenta prævia, makes the following pointed and most truthful assertion: "There is no

part of the uterus from which the placenta can be separated artificially without the danger of hemorrhage, unless uterine contraction immediately takes place."

I have observed, of late, that the subject of placenta prævia has been under frequent discussion in the medical societies of the United States, and I have read, with warm interest, the reports of these discussions, and of the papers which gave rise to them. It would seem to be a constitutional frailty of our cousins over the lakes, to regard as a benevolent virtue, the confession of other people's sins in preference to their own. One might suppose, from the utterance of some of their speakers and readers, that Professor Simpson's theory of placenta prævia, and the practice taught by him, had been accepted by the entire medical profession of Great Britain and Ireland, and that they had continued faithful disciples. But no one who has kept pace with the course of obstetric literature, can charge our trans-atlantic brethren with any such servility. It would be but offensive pedantry in me to enter, before this assemblage, into citations of the diversities of opinion which have characterized the writings of Dr. Simpson's cotemporaries and successors in the field of obstetric science. Certainly we may reach any conclusion other than that of general tacit acquiescence in his doctrine.

Might we not whisper to our brethren of the Great Republic, that "there were great men before Agamemnon"? As early as 1847, Dr. Braithwaite, editor of the *Retrospect*, a gentleman of large and ripe experience, took strong grounds against the views and practice of Dr. Simpson. In 1851, in part 22 of the *Retrospect*, he expressed himself thus: "For our own part, we beg to differ from Dr. Simpson, both as to the propriety of the operation of separating the attachment of the placenta from the cervix uteri in cases of placenta prævia, and as to the reason of the cessation of the hemorrhage. Our objection to this mode of practice is, that although it may be a safe one as regards the mother, it assuredly is a fatal one as regards the child. With regard to the second point, although of slight importance as far as theory is concerned, it is nevertheless of the greatest importance, as indicating a most valuable mode of practice to be adopted. We consider that the fact of the flooding ceasing (?) by the method of manipulation introduced by Dr. Simpson, needs no very labored explanation to account for it, for we believe that the separated placenta acts as a mechanical plug upon the orifices of the bleeding vessels, promoting the coagulation of the blood in and around them, and thus effectually presenting a barrier to its further flow. How then is this indication to be fulfilled? We answer simply on the same mechanical principle. If the os uteri is not sufficiently dilated to allow of the operation of turning being performed, our own practice has been, for the last twenty years, to introduce at once into the vagina sufficient soft linen, lint, or other suitable material, as to form an accurate, well adjusted, and efficient plug. By thus filling the vagina no blood is allowed to escape through it, and hence it must accumulate immediately around the bleeding vessels; it cannot force its way into the uterine cavity, entrance being there prevented by the placenta and the other contents of the uterus. Not only does the theory of this mode of treatment sound very plausible, but we have abundantly exemplified its real utility in practice." Dr. Braithwaite, further on, makes the following additional observations on the safety of the plug treatment: "The introduction of the plug in the early periods of placenta prævia, has many great advantages which the plan of Dr. Simpson does not possess. It is perfectly safe and readily applicable; it promotes" (*impels*, I would say,) "uterine contraction, ensuring the safe dilatation of the os; it preserves the strength of the mother, by preventing the serious discharges which would otherwise take place; and, lastly, it obviates the necessity of, at least as little as possible, endangering the life of the child. The plug, so introduced, may be removed every six or eight hours, or oftener, as the practitioner may deem advisable, to allow the evacuation of the contents of the bladder or the rectum, or any examination as to the state of the os, to be made. If we find the os then sufficiently dilated, we immediately introduce the hand, separate only as much as is required of the placental attachment to the uterus, rupture the membranes, turn, and so expedite the labor as much as possible."

Though, as may be obvious from the preceding quotations, Dr. Braithwaite is no model of clear writing, it is pretty evident that he was a sagacious and reflecting practitioner of midwifery; and so far as regards his views of the value of the plug, our neigh-

bors have but little room for crying out "*eureka.*" It is, to be sure, rather indicative of timidity, or obfuscation, that he conceded to Dr. Simpson some credit, on the hypothetic ground that the forcibly separated placenta, left in the vagina, served as a mechanical plug upon the orifices of the bleeding vessels. Verily this sort of loose plugging must be a perilous procedure; and surely the placenta, partially yet adherent, must be a better plug than when totally severed from the uterine surface.

I once had a very instructive opportunity of noting the result of a loose plugging of the vagina in a case of placenta prævia. I was sent for in the middle of the night by a city practitioner, to aid him in some difficult case. On arrival, I learned that the woman had been flooding copiously for some time, and I was informed that the case was one of placenta prævia. I asked the gentleman had he plugged. He replied, yes. I wondered, why, if he had well plugged, the hemorrhage had not been checked; so I made search. What did I find? The tail of a man's muslin cravat hanging outside, and the rest of this flimsy tide-stopper inside. I did not lose much time in substituting a more efficient corking of the bottle. The hemorrhage ceased; the woman rallied; uterine pains, provoked by my mechahical irritant, ensued, and I quietly waited. But presently another practitioner, who, I believe, had been summoned before me—a gentleman of large experience, and gifted with a generous appreciation of his own acquirements and ability,—arrived. On hearing our detail of facts, he said to me, "Well, Dr., you know the rule." I replied I knew what he, most probably, understood by "the rule," but there was more than one, and in the present instance I had resolved to abide by the alternative. Before very long the tight plug began to feel the propelling force of the down-bearing pains, and we concurred in the propriety of now withdrawing the plug, and testing the present condition of matters, which being found favorable, the gentleman first in charge was coerced to finish his work, and the mother was saved.

As a melancholy set-off against this fortunate issue, I here recal my observance of another case, which I witnessed in my student days. An ignorant midwife, (as which of the precious lot are not?) had sat nearly two days and nights watching a woman bleeding to death from placenta prævia. I accompanied my senior to the patient's house. He, finding the actual state of matters, followed the rule then orthodox. In Yankee phrase, he *went for* the child, turned, and delivered expeditiously, and the woman died about as expeditiously. I do not say that in her semi-exsanguine state, plugging would have saved her; but I do say that tight plugging, co-operating with a free supply of brandy or whiskey, would have given her the only chance of escape.

HERNIA AND PARACENTESIS THORACIS.—CASES IN PRACTICE.

BY W. S. CHRISTOE, M. D., FLESHERTON.

Surgical operations of a critical or capital nature, are not, as a rule, frequently performed by country practitioners. They occur so seldom, that, however skilful, one gets rusty both in theory and practice. Toronto with its excellent staff of surgeons, and appliances in abundance, render excuses easy, and patients, who are able, are easily persuaded to go to the great city. Sometimes, however, cases do occur when we are obliged to operate, and that too under circumstances far different from our more popular brethren of the city.

HERNIA.—Operations for hernia are rightly considered those requiring care and skill, and withal some anatomical knowledge of the parts. The mind naturally reverts to school-day efforts, to master, seriatim, the coverings, under the particular kind of hernia to be operated on; but experience has taught the existence of very great difference between operating on a cadaver and a living subject. "Make haste slowly" is a motto to be remembered. There is not time for surgical catechizing. It is very essential to know what is not to be cut, and then follow the director as quickly as possible to the point desired. It would be most inexcusable for one not to know the nature of the sac, and the colour of the gut; there can be no danger if the director be kept outside of these.

Case 1.—The first case I will mention, was a lad 12 years of age, who was pitching some grain beyond his strength, and ruptured himself. His father came hurriedly 14 miles for me, but did not know the nature of the trouble. I hastened to the lad and found him suffering from strangulated hernia. I gave sedatives, applied fomentations, chloroformed

him, and used taxis, but all to no purpose. What was to be done? I was far away from any regular practitioner. Was I warranted in operating alone? After learning that I could get a steady, obedient assistant, I resolved to operate. I chloroformed my patient, directed every necessary preparation, and then gave the bottle of chloroform to my rustic assistant to give or not as I directed. I always give it guttatim. The skin was seized with forceps and incised; a groved director introduced, and an opening made for about two inches. This process was continued until the parts aimed for, were in view. In examining for the constriction I pierced the sac, and must confess I was a little frightened to see so much fluid escape; this was my first case. I carefully incised the ring, following strictly the rules laid down for the position of the knife, and almost as soon as I withdrew, the hernia returned. The incision was closed with two sutures, and the wound healed by first intention. The patient recovered without a solitary drawback.

Case 2.—W. G.; æt, 30. Came to me last winter with hernia, which he had tried unsuccessfully to reduce. I put him in position and after gentle manipulation reduced it by taxis; ordered a truss, which he wore some time and then discontinued it. The hernia again came down and every effort to reduce it was ineffectual. It was not strangulated, and therefore, upon the advice of medical gentlemen called in consultation, nothing was done, hoping by belladonna liniments, occasional manipulations, and the like, that reduction would take place. But instead of improvement it became worse, until the painful dragging prevented his walking erect, without a suspensory bandage. He could bear it no longer, and insisted on an operation, to which I very reluctantly consented. The same details were observed as in my first case, but to my chagrin after the sac was reached and fully half a pint of fluid escaped, adhesions were found everywhere abundant, so that I could not return it as I expected. The adhesions were caused no doubt by constant daily manipulation by himself, so anxious was he to reduce it. I broke down the adhesions with my finger, and returned what appeared to be a mass of intestine and omentum. The wound was closed, a bandage and compress applied, and a full dose of opium given. Reaction soon set in, and with it severe inflammatory action, encroaching on the peritoneum, and stretching far up on the left side. For three days and nights I was doubtful of the result. The ordinary treatment for peritonitis—fomentations, small doses of mercury, and opium sufficient to allay pain—was rigidly applied, and I was greatly elated and the patient well pleased, to find it successful.

The wound healed by first intention, and the operation resulted in a radical cure; precautionary measures, however, dictated a truss to be worn for some time. I am persuaded this operation is frequently too long delayed. Three cases of strangulated hernia in females, which came under my observation, succumbed, although every care was taken in the operation. Great prostration, vomiting, and mortification of the bowel rendered the prognosis, as soon as discovered, unfavorable. In many cases it is surprising the amount of procrastination, and pain endured, before a medical man is even sent for.

Paracentesis Thoracis.—Paracentesis thoracis is also an operation very much dreaded by patients, and, I must confess, not willingly performed by physicians. Some few years ago I reported a case or two in the Lancet; since then I have performed the operation three times. Two of my cases were adult males, and the third a girl of about six years of age.

Case 1.—John K. A farmer called me whilst passing, to consult me in reference to a cough. He had been sick for several weeks, but a snow blockade had rendered attendance by his physician impossible. I examined his chest, and found dulness on the left side fully up to the clavicle. I fancied bulging was also present; but not having seen him during the acute stage, I was in doubt as to the possibie state of things, and gave diuretics, deobstruents, with frictional liniments and blisters, with no improvement. Still there was an impression on my mind that the chest contained fluid. No position altered the percussion sound. I visited the patient again in a few days with the resolve that I would test the existence of fluid. By a coincidence his physician called also whilst I was there, and I was persuaded from my purpose. On my third visit matters seemed to be worse. I at once introduced a small hypodermic needle, and proved what I first feared. An operation was suggested as necessary, consent was had, and a trocar and canula were introduced between the 9th and 10th ribs, behind and on a line perpendicnlar to

the inferior angle of the scapula. Three quarts of a greeenish purulent fluid escaped. Twice after this, the trocar was introduced, with more or less fluid escaping. The lung, however, never recovered its normal state. The nature of the discharge made the prognosis doubtful from the first. The patient died after a lingering illness of several weeks.

Case 2.—In the case of the little girl an abscess pointed between the 7th and 8th ribs, and therefore no difficulty was experienced in operating. She was put on Tilden's preparation of the elixir of iodine, bromine, and lime, and made a good recovery against very great odds, for I never saw a child more emaciated. One operation was sufficient; the discharge was very large. Her disease was pleuro-pneumonia.

Case 3.—My last case was G. M., a farmer aged about 30, who caught cold as he termed it, shivered much, with subsequent fever and pain in his left side. The acute stage passed without much treatment. I was called to see if I could help his shortness of breathing. He was a very muscular man, and it was difficult to diagnose his case. There was dulness on percussion, some dyspnœa, no cough or pain, but a very anxious countenance. Had he pneumonia, or pleurisy, or pericarditis, or what? I confess at this visit I could not say. I questioned him closely as to his feeling anything like fluid when he changed position. He answered in the negative. I gave him a diuretic and expectorant mixture. In a few days I visited him again, and found the dulness increased, and carefully considering the different points concluded that I had a case of pleuritic effusion. I pushed the usual remedies internally, with blisters externally, but the dulness went on to the clavicle. After exploring with a small hypodermic needle, convincing him of the nature and cause of his trouble, I suggested the necessity of operating. He consented.

I used at this time a medium sized aspirator needle. I was careful only to be certain that I was within the bounds of the chest, pretty low down in a line with the inferior angle of the scapula. The idea struck me that I would try the syphon principle, and did so as follows: Taking the aspirator needle with rubber tubing attached, I thrust it into the interspace about one-fourth of an inch; then lifting the tubing, I filled it with water, still holding it up. The next step was to push the needle into the cavity. This done, I took the tube in my mouth lowering it at the same time below the point of the needle; now suddenly sucking the water, the fluid followed until five pints escaped; for the remainder the aspirator was attached to the rubber and a pint more drawn off. My patient felt relieved at once. The fluid was of a greenish hue, but clear and limpid; the prognosis was, judging from the discharge, favorable, and so it proved. The usual remedies, however, were pushed. Diuretics, tonics, deobstruents, blisters, were all used to prevent further accumulation, for there was persistent dulness over the precordial region. One operation was sufficient.

I am inclined to think from the limited experience I have had in these cases, that the prevention of air entering the cavity of the chest is almost impossible, and that as to the chances of cure, it is immaterial whether it does or not. As to time of operation—after a fair trial at medication, and being convinced that fluid is there, it should be removed. The first case was delayed far too long.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In your issue of 1st Sept., 1879, an article appears under the title of "The British Medical Council." I desire, with your permission, to discuss the position assumed by the Privy Council of Canada, and the College of Physicians and Surgeons of Ontario, with reference to the qualifications of medical men who may be desirous of practicing in the Dominion. It strikes me with painful surprise, that, in discussing the laws affecting the medical profession, these two important bodies should have lost sight of the broad question of the rights and wants of the public. All legislation bearing on the subject of medical aid to the public must be conceived in the interest of the general community, and not merely in that of the medical profession. Were it not so, the public would be the servants and property, almost, of medical men. Surely this would be a reversal of the order of things!

In the preamble of the Medical Act of 1858 it is clearly laid down that the object of the Act is the protection of the public from persons falsely stating that they are duly and legally qualified medical men. The law was not conceived in any spirit

of narrow trades-unionism. With a wise consideration for the wants and rights of the people, and that freedom of choice which we all value, there was no interference even with quacks. The law merely provided that the public should have the means of ascertaining whether the person it was desirous of consulting was legally qualified or not.

But one grave defect of the Act was, that in setting forth who were to be considered legally qualified medical practitioners, the claims, rights indeed, of all the British Colonies to place the medical men, who were educated at their own colleges, on the medical register, were overlooked. This was a most unhappy omission, for no one will for a moment dare to question the claims of the Colonially educated medical men to be placed on the register, as duly and legally qualified physicians and surgeons, and their right to practice throughout the Queen's Dominions fully recognised. It has remained for the Privy Council of Canada and the Ontario College, to suggest that the sphere of the labors and usefulness of Canadian practitioners should be restricted to the Dominion. This defect in the Act of 1858 has always been regretted by English medical men, and the bill now under discussion in the United Kingdom will remedy this anomaly. I am sure British medical men will rejoice when it becomes law, and will give a hearty welcome to all their medical brethren who have beeneducated in the Colony, should they elect to give the public in the mother country the benefit of their skill.

It seems, however, that this view of the question is overlooked by the Canada Privy Council and Ontario College. The rights and wants of the people of Canada are gravely ignored, and protectionism in its worst and most offensive form introduced under the thin disguise of a jealous and patriotic regard for the legislative power conferred on the Dominion. Do these two respectable bodies, one political and the other professional, mean to say that the whole fabric of Canadian freedom is threatened, because a Canadian subject may desire to consult an English doctor?

I repeat that the action of the Privy Council of Canada and the Ontario College does not appear to be conceived in the interest of the public good, but ostensibly in that of the medical profession. We must always remember, that the interest of the medical profession is bound up with that of the whole community, and cannot be considered apart from the general welfare. Were any legislation attempted in such a spirit, it would produce a feeling of antagonism that would quickly put an end to the friendly and confidential footing which has so long existed between the profession and the public. It might be enough for these patriotic gentlemen to take the necessary precautions for placing on the medical register all duly qualified medical men, whether they were educated in England or the Colonies, provided only that they are thoroughly qualified to undertake the grave duties and responsibilities of medical practice.

To discuss the question with reference to the pecuniary gain and the so-called miserable protection of the Colonial or English practitioner is beneath the dignity of every true physician. I trust I have written in a sufficiently emphatic manner to elicit the opinions of some of the Colonial medical men, whose position and personal character will give weight to their views. That there are many eminent men in the profession in Canada, I am well aware. I am familiar with the names of many of these, and I am sure they will quickly respond to this call to rescue the outraged dignity of the great profession, of which I have the honor to be a member.

I am, sir, &c.,

THOS. BROWNE, M.D.

H. M. S. Griffon:

Halifax, N.S., Sept. 11, 1879.

OBSTETRIC EDUCATION IN ENGLAND.

To the Editor of the CANADA LANCET.

SIR,—Dr. Playfair, President of the Obstetrical Society of London, in his address delivered February, 1879 (only six months ago,), said:—

"I confess that it is with a feeling of regret something akin to shame, when I reflect that I am supposed to teach a class of young men the entire subject of midwifery, and the diseases of women and children, in a short summer course of something under forty lectures. The thing is a manifest and ridiculous absurdity. Hence we have, of necessity, to omit year by year, at least half of midwifery proper. The result is that students leave our schools more ignorant of obstetrics than of any other subject; acquiring, by a superficial cram, only sufficient knowledge to satisfy the limited re-

quirements of our examining board, *and if they are satisfied, as so many of them are, with the diploma of the Royal College of Surgeons only, even that limited acquaintance with midwifery is unnecessary.*" (The italics are ours.)

The Principal of the Calcutta Medical College, which requires two full courses of seventy lectures each on obstetrics, writes Dr. Playfair thus :—

"I am proud to think that some of you will not rest until you have seen this great evil set right. To what a hideous extent is the practice of midwifery carried on in England, by utterly unqualified men, whom the unhappy women and their friends believe to be qualified, and the system in your hospitals sadly favors this. You gentlemen *who have acquired, by much subsequent study and painful experience, the knowledge you ought to have gained in your schools,* could, I doubt not, tell many a sad story of blighted health, and of houses rendered desolate by this lamentable ignorance of a large and important part of practice."

I would entreat our young men who are pursuing their medical studies in our own Provincial schools, in which midwifery is taught by lecturers of acknowledged ability and large experience, in full courses of two years, and to students with perpetual tickets, through three or four years, if they desire to avail themselves of the prolonged advantages, to "read, learn, mark, and inwardly digest," the instructive declarations of Professor Playfair, and his Calcutta correspondent. Such a confession of deplorable defect of obstetric education in England, from the lips of the "Professor of Obstetric Medicine in King's College, London," is surely an admonition to all Provincialists that if they neglect the opportunities for obstetric education presented in our own schools, they will not add much to their knowledge by crossing the Atlantic; and yet should any of those students who leave the English "schools more ignorant of obstetrics than of any other subject," and with merely "sufficient knowledge to satisfy the limited requirements of our (English) examining board," or any of those who come to Canada with the algebraic tail-flourish of M. R. C. S., present themselves for legal registration in Canada, they can command the obedience of our College of Physicians and Surgeons, and forthwith take rank with the most thoroughly qualified men of our country. But let any of our young men, however well instructed, seek for reciprocal privilege in England, and what will be the reply given to his application?—O! you are only a Provincial barbarian; you have not undergone our "superficial cram;" you have wasted two, three, or four years in acquiring that knowledge which we condense into a summer course of forty lectures; nor can you exhibit to us even the "Diploma of the Royal College of Surgeons," which is here legal evidence of artistic educational compression. Step aside, young man, and enter your name in King's College, or some other recognised grinding factory, where midwifery is taught at a 2.40 pace.

Now if the English schools regard obstetric instruction as a matter of such light moment, I, in all seriousness, ask our Canadian medical, and all other, readers, whether it is the province of our medical licensing authorities to admit to legal registration persons so imperfectly instructed as Prof. Playfair has shown his pupils really to be? I have always regarded midwifery as the most important branch of medical practice, as it undoubtedly is the most responsible. To very many rural practitioners, opportunities for performing formidable surgical operations, requiring exact anatomical knowledge and superior manual dexterity, but very seldom are presented; but how different is the course of professional life with the practitioner of midwifery? Everybody has to be born, at least once; and every woman should, on the fair average, give birth to half-a-dozen children; but of all those born, how few, we would hope, may require the operation of lithotomy, ovariotomy, amputation, fracture setting, or even reduction of dislocation? The medical neophite who hangs out his shingle in any remote hamlet, may well begin to feel melancholy if he passes his first six months without a call to a case of midwifery; and who knows but his very first case may be one of formidable character, demanding not only thorough knowledge of his art, but also unswerving self-reliance? Verily it will not suit our market to import to Canada British licentiates, who are, as Prof. Playfair designates them, "*more ignorant of obstetrics than of any other subject.*" We have no room for them in our cities, and we should not be instrumental in sending them into the country, to augment "*the story of blighted health, and of houses rendered desolate by their lamentable ignorance of a large and important part of practice.*"

Yours truly,

JOSEPH WORKMAN.

Toronto, Sept. 15th, 1879.

CANADA MEDICAL ASSOCIATION.

To the Editor of the CANADA LANCET.

SIR.—Having been one of the small talkers who atttended the late meeting of the Canada Medical Association, I was somewhat surprised to find myself in company with so large a proportion of members so like myself in this respect; for though several of the papers then read were of considerable merit, the discussions which followed were certainly the most frivolous, and to use no stronger term, erratic, ever listened to by an intelligent and patient audience.

It appeared to me too, as I believe it did to not a few other members, that the permanent secretary seemed to regard the association as his own proper machine, and that it must be run just as he deigned to permit, for no matter of ordinary business was allowed to be proceeded with, without his jumping to his legs, like jack-in-the-box, every now and again, to overrule, or to ridicule, almost every proposed measure. I had supposed that the secretary was a paid officer, whose simple duty it is to make true minutes, and keep an accurate record, of the proceedings, and that all rulings of order should emanate from the presiding officer; but it was pretty evident to attending members that the secretary regarded that functionary as but an ornamental cypher. In plain language, Dr. David would do well to learn, should the association not come to an early demise, that he will act prudently by observing in future a more becoming reticenee.

The question of organising a distinct medical association has been under consideration in Ontario. It is my belief that our province is well able to support such an organization, whether as a separate, or a tributary one. The itinerant system of holding meetings, one year in the west, and perhaps the next in the far east, where neither numerical accession, professional zeal, nor fiscal contributions, hold out allurements, is certainly very unpromising of vigorous persistent vitality The actual inevitable result has been, hitherto, the suspension of life of the association during its distant pilgrimages, and the rotten accumulation of unpaid annual subscriptions. I do not believe that I misstate the fact when I say, that but for the recruiting of the funds by these visits to Ontario within the last four years, the association must have gone into insolvency; whilst it has been an unhappy circumstance that not a French Canadian physician excepting the treasurer, has deigned to honour our Ontario meetings with his presence. This would seem to me to indicate that a *Dominion* organization is equally a hindrance to medical progress in Lower as in Upper Canada. No one would regret more than I should do, the loss at our meetings of such men as Drs. Hingston, Howard, Campbell, Osler, Rodick, and others who have been real ornaments to the body, but there could be no objection to such an affiliation as might still secure their continuous brotherhood.

In closing these hasty remarks, may I ask you Mr. Editor, if it is in strict accordance with medical etiquette, or social decency, for members giving details of cases, to pronounce aloud the names of their patients? This violation of professional decorum took place in the London meeting several times, without reprehension from the chair.

Yours, etc.,

UNUS E PLURIBUS.

Selected Articles.

ONTARIO AND BRITISH MEDICAL QUALIFICATIONS.

[The following article from the *London Lancet*, September 6th, shows the feeling in England in regard to the recent action of the Executive Committee of the Ontario Medical Council.]—ED. LANCET.

Not only the rights of government and legislation, but the progress of medical science itself, in the Province of Ontario, are said to be in jeopardy. Our readers will be as curious to know the causes of this painful state of matters, as they will be surprised when they learn the nature of the circumstances which are jeopardising the rights of our fellow-subjects in the province of Ontario and the progress of medical science. The one cause of such a distressing condition of things is that gentlemen who have satisfied the examining authorities of Great Britain and been registered in the Imperial Register have, under the Act of 1858, the right of practising in all Her Majesty's colonies and dependencies, subject to a power of the said colonies, under the Act of 1868, to enforce the registration of persons already registered under the Imperial Act. We all know that great disasters often depend on very inadequate or unlikely causes. But we could not have imagined, without reading carefully the correspondence on this subject, that

such grave evils would follow by allowing members of the medical or surgical corporations of England, Ireland, and Scotland to practise medicine amongst Her Majesty's lieges in Canada—or rather, to speak accurately, in the Province of Ontario. But it is even so. At least, so it is gravely set forth in a petition of the College of Physicians and Surgeons of Ontario; in a report of a Committee of the Honourable the Privy Council of Canada; and in a letter written by no less a person and no less liberal a statesman than his Excellency the Governor General, the Marquis of LORNE. This said College of Physicians and Surgeons of Ontario was incorporated in the year 1865 by an Act of the late Province of Canada, and by it made the sole portal to practice in that province. It is now only fourteen years old; and yet it ventures to work upon the fears or prejudices of the Privy Council of Canada by setting forth that, unless men that are fit to practise in all parts of Britain pass "our Provincial Board," as the *Toronto Mail* puts it, "a most harmful effect on the progress of medical science in Ontario will be exercised, besides the compromise of colonial rights and liberties." It is really astonishing to see a Provincial Board so thoroughly despise the *testamurs* of the colleges of Cooper and Brodie, of Syme and Alison, of Crampton and Stokes and Marsh; and it would be amusing were it not that the Privy Council of Canada has been so far misled as to endorse its complaint, and that the Marquis of LORNE has given the weight of his authority to it. We have never been blind to the faults of our British system of examinations, and we are hearty supporters of the present legislative attempts to make it more perfect. But it is simply absurd to represent that the progress of medical science in Ontario will be arrested if those registered at home are allowed to practise in Ontario, and it is a most lamentable exhibition of parochialism in a thriving colony like Canada to wish to subject medical men of the mother country to the indignity of an examination by "our Provincial Board." The demand is not made more reasonable by closely examining the grounds on which it is based. We have alluded to the first, that the progress of medical science will be hindered. The second is that physicians and surgeons are distinct professions in the United Kingdom, and that, being registered in one capacity, they may claim to practise in both. They can only claim in England to practise in that capacity in which they are registered. Ontario might reasonably make the same limitation. But at the very most, this objection cannot be made to those who have double qualifications, who are the majority.

These reasons for complaint on the part of Ontario are so incredible that we must look for others. We would rather believe that the real reason is a sort of resentment at the non-recognition on the part of the home authorities of colonial qualifications. Possibly, too, Canadian authorities are deluged by practitioners from other countries where examinations are more loose than here or in Canada. These are reasons for dissatisfaction, but they are not reasons for complaining of the rights of persons registered in the imperial Register. Canada lately complained that persons holding Canadian qualifications were not allowed to hold appointments in British ships, or even in Canadian ships trading to Britain. This is a fair ground of complaint and remonstrance, but it has been, we believe, already remedied. A yet larger recognition of colonial qualifications will be accorded in the coming Amending Act. But it is a poor way of helping generous legislation to devise such complaints and demands as those on which we have been commenting, and which we cannot help regarding as proceeding from the jealousy of schools rather than from the great body of the profession in Canada.

TREATMENT OF NOCTURNAL SEMINAL EMISSIONS.

In an article in the *American Practitiouer*, Dr. F. J. Bumstead gives the following directions:

In all cases of frequent nocturnal emissions, the genital organs should be examined, and whether phimosis exists or not, if the prepuce be long and redundant, circumcision is to be recommended. A very marked varicocele may also render surgical interference desirable.

The hygienic rules to be given to the patient are very simple. It is better that the most substantial meal in the twenty-four hours should be taken at noon; the supper should be light, and food and drink be entirely avoided in the evening; the bed-chamber should be well ventilated, a hair mattress preferred to a feather bed, and much covering avoided. The patient should sleep upon his side, and not upon the back; a small pillow placed between the knees, so as to separate the thighs and prevent the scrotal organs from becoming heated, is sometimes desirable; and the patient should rise as soon as he wakes, emissions occuring most frequently during the semi-consciousness of the early morning nap.

Tobacco in every form should be prohibited, since it not only increases the general irritability of the nervous system, but appears to have a direct influence in diminishing the tone of the genital organs, and thus favoring seminal emissions.

Above all, as already stated, the mind of the patient should be distracted from his complaint by constant occupation, and his general health be promoted by a plain but nourishing diet, and by daily outdoor exercise, not carried to fatigue, since it is found by experience that when the strength is exhausted, an emission is more likely to occur.

Many of these patients also have constipated bowels, and means should be taken to secure a daily stool.

As a rule, no other measures than the above are required. It is to be understood however, that any weakness and irritability of the nervous system may require the administration of tonics, a change of climate, etc. For this purpose I have found the two following prescriptions of good service :—

		Grams.
R.	Ferri et quiniæ citrat.....ʒ iij	12.
	Strychniæ sulph.....gr.j	.06
	Acidi phosphoric. dilut.. ....ʒss	15.
	Syrup. aurantii.....ʒij.	75.
	Aquam ad.... ..... 3 iv	145.

Sig—A teaspoon (5.00) in water, after each meal.

		Grams.
R.	Strychniæ sulph.....gr. j	.06
	Acidi phosph. dilut..... ʒ iij	90.
	M.	

Sig—A teaspoonful (5.00) three times a day, after eating.

The tincture of the chloride of iron, and also ergot, have been supposed, and I think justly so, to have a special tonic effect upon the genital organs ; but they must be given in large doses, as, for instance, from half a drachm to a drachm (2.00 4.00) of either the tincture of iron or the fluid extract of ergot (Squibb's), in water, after each meal. They may be combined, as in the following prescription :

		Grams.
R.	Tr. ferri chloridi... .....ʒ iij	90.
	Ext. ergotæ fl. (Squibb's).....ʒ iij	90.
	M.	

Sig.—A teaspoonful (5.00) in water, after each meal.

As a direct means of diminishing the frequency of the emissions, however, the following is often found to be most efficacious :

		Grams.
R.	Potassi bromidi... .....ʒ j	30.
	Tr. ferri chloridi.....ʒ j	30.
	Aquæ.....ʒ iij	90.

Sig.—From one to two teaspoonful (5.00-10.00), in water, after each meal, and at bed-time.

Mention has already been made of the advisableness of circumcision when the prepuce is long. It may also be found, upon the introduction of a sound, that the urethra is over sensitive, especially in the prostatic region. In such cases the introduction of a cold sound of full size, at first every third or fourth day, and afterward with greater frequency, will generally afford relief to the hyperæsthesia. I sometimes inject into the prostatic urethra about ten drops of a solution of nitrate of silver of the strength of twenty grains (1.30) to the ounce (30.00) of water, by means of a deep urethral syringe, or Guyon's flexible catheter and syringe. The severe cauterization with the *porte-caustique* of Lallemand should by all means be avoided.

PSEUDO-HYPERTROPHIC PARALYSIS.

Dr. Bramwell of Edinburgh, gives the following as the brief notes of a case of this rare affection in the *London Lancet*, August 9th, '79.

John W——, aged eleven, was admitted to the Newcastle on-Tyne Infirmary under my care on Nov. 25th, 1876, complaining of inability to walk or stand.

Previous history.—He enjoyed good health until five years ago, when he began to complain of weakness in the back. His father noticed about this time that he waddled in his walk, and frequently tumbled down. His walking gradually got worse. For the past year he has been confined to the house. He has been free from pain. His friends know no cause for the attack.

Family history.—No other members of the family are affected. He has two brothers, both younger than himself.

Present condition.—He is a dark-haired boy ; his eyes are gray ; his expression is dull and heavy. The pupils are equal and moderately dilated ; the corneæ are clear ; the lateral incisors peg-shaped and somewhat irregular, the central incisors naturally formed. He is unable to stand or walk unless supported. When he attempts to stand the attitude is striking and characteristic : the feet are widely separated, the distance between the great toes being fifteen inches, and he stands entirely on his toes ; the back is arched, the head somewhat retracted, the chest protruded ; he tries to support himself with one hand on either hip. When he walks—and to enable him to do so he has to be supported by a hand under each armpit—the body is swayed from side to side, the feet are only moved a few inches at a step, and the toes drag along the ground. The leg below the knee is flaccid and pendulous ; the limb is carried forward by the flexors of the thigh on the abdomen. In walking the hands are kept extended, one on either side of him, and he makes great efforts, as shown by the expression of his face. When lying on his back he is unable to raise his heels from the bed. He can flex the thigh on the abdomen. He has the greatest difficulty in turning from his back on to his face ; in order to do so he first flexes the thigh on the abdomen ; he then with his hands pulls up his heels to the buttocks ; he next turns round and gets on his knees ; the head is now almost between his knees ; from this position he gradually extends himself by climbing up his thighs.

His height is 4 ft. 2½ in. All the muscles of the

body except the calves are much atrophied. The calves appear to be large; they are firm, and the left is larger than the right. The following are the actual measurements:—

	Inches.
Right calf 3 in. below head of fibula	10
Left " " " "	10½
Right thigh 7 in. above patella	10⅞
Left " " "	11

It will be seen from the above that the left calf at it thickest part was only half an inch smaller than the left thigh at its thickest part, the normal ratio being 2 to 3. The feet are always in a position of talipes equinus; the tendo Achillis feels rigid.

The electrical contractility of all the muscles is diminished; this was very striking in the apparently hypertrophied muscles on the back of the legs.

The temperature of the calves is slightly elevated. To come to a correct conclusion on this point I made comparative observations on healthy boys, and never found the temperature of the calf equal to that in the axilla. The temperature was taken by an ordinary thermometer, which was fixed by a piece of adhesive plaster, the whole being covered with cotton wadding. The following is the exact measurement of the temperature:—

Right calf	98°F.
Left calf	98·8°F.
Axilla	98·5°F.

A microscopic examination of portions of tissue removed by Duchenne's trocar showed fibrin tissue, fat-cells, and fibres of a highly refractive translucent appearance. The fibres were rather larger in diameter than an ordinary muscular fibre. No transversely striated fibres were obtained, though the operation was repeated several times.

None of the other muscles were hypertrophied; on the contrary, as has been stated above, they were atrophied. Sensibility of all sorts was natural. The special senses were normal. The urine sometimes dribbled away from him; on two occasions he was unable to make water, and the catheter was required. The bowels were very costive. There was no mottling of the skin. The other organs were normal.

Treatment.—Iron, quinine, strichnine, cod-liver oil, and electricity (both forms of current) were tried, but without benefit.

The patient remained in hospital until the end of January, and was then taken home by his friends. At the time of his discharge he could not walk forwards even when supported. When held up by a hand in each axilla he attempted to walk, but was unable to move his feet forwards; he could raise them a few inches from the ground by raising the thigh, but the feet fell back again even further than before; in short, instead of going forwards, as he wished, he went backwards.

Remarks.—The case is a good example of the advanced stage of the disease. Dr. Gowers' admirable clinical lecture on the subject renders any remarks unnecessary.

VARICOCELE AND ITS TREATMENT BY SUBCUTANEOUS LIGATION.

Clinic by R. J. Levis, in *The Medical and Surgical Reporter.*

There have been a variety of operations proposed by different surgeons for the cure of varicocele. Celsus recommended the use of strong caustics to obliterate the enlarged veins. Breschet made use of compression with the pincers. Velpeau made a large needle and a figure-of-eight suture embrace the veins, and Sir Astley Cooper removed a portion of the scrotum. Other surgeons have suggested various operations; but I will show you one this morning which I have employed for a long time, and know to be effectual. It consists in ligating the spermatic veins, subcutaneously and adjusting the ligature in such a manner that it will gradually cut its way across the vessels by the ulcerative process.

For the success of this operation it is essential that all the enlarged veins should be included in the ligature, and that the vas deferens should be excluded from it. The vas deferens should not, under any circumstances, be ligated with the varicose veins. It must be carefully separated from them and kept out of the way. To do this, push the veins to the outer side of the scrotum, and the deferent tube toward the median line, when the latter will be felt as a round, hard cord, rolling under the finger. If there is any doubt as to whether you really have separated the vas deferens from the enlarged veins or not, just pinch it rather hard, and the peculiar, sickening pain that the patient will instantly complain of will tell you whether you are right or wrong.

To perform this operation, you require a long, straight needle, armed with a strong silk cord, a flattened disk, which has a hole pierced through its centre, and a small piece of rubber tubing, or section of gum elastic. The disk may be of any substance which is convenient, as bone, hard rubber, or the like. But a disk which will answer just as well as any of these, can be made by taking a silver quarter of a dollar, or a circular piece of tin, and piercing a hole in its centre large enough to easily admit both strands of the ligature. A silver coin, in which I had previously drilled a hole, is what I employed the first time I performed this operation, and I have not reason to desire anything better.

It is always well to begin this operation with the patient in the erect posture, and finish it with him in the recumbent. The reason of this is, that in

examining the parts and transfixing, you want the vessels fully distended, but in tightening up the ligature, no such fullness or distension is required. The tightening of the ligature should be done during anæsthesia, for this part of the operation is very painful.

The mode of procedure is to enter the needle on the anterior and outside of the scrotum, near to the top of the mass of varicose veins; then traverse the scrotum completely, so that the needle shall pass behind the veins and make the exit on the opposite side. Then reenter the needle at the orifice of exit, and pass it in front of the veins and bring it out at the original point of entrance. Thus the veins are completely surrounded by the ligature. The ends of the ligature are now passed through the hole in the centre of the circular, flattened disk, drawn tightly, and tied over the section of rubber tubing. The rubber tubing should be large enough (say a half to three-quarters of an inch in diameter) to allow of springing motion, if no elastic material be used, the ligature would do its work for a short time just after being applied or tightened, and then it should be comparatively useless until such time as it was tightened again.

But if the ligature be drawn down tightly over a section of rubber tubing, the gradual expansion keeps the ligature constantly tense and up to its work. Then as the ligature remains, and is tightened from time to time, whenever the expansive power of the tubing is exhausted, it gradually cuts the vessels, and so works its way out. Instead of the rubber tubing, a piece of ordinary erasing rubber, bent so as to act as a spring, may be substituted. The process ought to be completed in a week's time or less. If it is not, it is because the ligature has been neglected, and allowed to remain so lax that it could not do its work. It should be tightened every day, or the result will be needlessly delayed.

I introduced this operation several years ago, and have resorted to it since without hesitation, in both hospital and private practice, and have found it very effectual. It is easy of performance, involves no special danger, and is an operation upon which reliance may be confidently placed.

THE CAUSES OF PUS IN THE URINE, AND THEIR DIFFERNTIAL CHARACTERS.

A Clinical Lecture delivered on March 21, 1879, being the last delivered by the late Charles Murchison, M.D., L.L.D., F.R.S., Physician to and Special Lecturer on Clinical Medicine at St. Thomas's Hospital, London, *(Med. Record)*.

The characters of the pus found in the urine are different in different cases. Sometimes, soon after micturition, when seen in a test-glass, the urine is in its upper part quite clear, while the pus which has deposited appears as a more or less creamy layer at the bottom. At other times, notwithstanding the urine has been passed for some little time, it is everywhere alike turbid with pus, which remains permanently diffused. The first urine is acid, and contains ordinary pus; the second is alkaline, more or less viscid and gelatinous, and contains altered pus.

The tests used to determine the presence or absence of pus in the urine are; the heat and nitric acid, the liquor potassæ, and the microscopetests. The first, the ordinary test for albumen, produces in the first or acid urine a greater or less opacity in the clear portion, and a much more marked one in the creamy layer. A deposit of pus is at the same time distinguished from one of pale lithates, both of which appear alike to the naked eye, since the latter would be cleared up by this test. If the second or alkaline urine be heated, it becomes a little more opaque (phosphates being precipitated,) when, it nitric acid be added, it becomes again a little clearer (the phosphates being again dissolved;) so that the two leave its turbidity much as it was before, the pus remaining unaltered. If liquor potassæ be added to the acid urine, the pus becomes viscid and gelatinous, "ropy." If the precipitate be phosphates instead of pus, this change does not take place. In the alkaline urine this change has already been effected. With the microscope, which gives the best evidence, if pus be present, pus-corpuscles are seen, identical in appearance with white blood-corpuscles. How, then, can they be distinguished? you ask. They can not be; they are, in fact, only white blood-corpuscles in the wrong place. If treated with a drop or two of acetic acid, the granular contents in each disappears, and in its place a nucleus, often three-lobed is seen.

The pus in pyuria comes from five sources: I. The female genital organs; II. The urethra; III. The bladder; IV. The kidneys and ureters; V. Abscesses which burst into the genito-urinary channels.

I. If the pus be from the female genital organs, it is due to one or more of the principal causes; A. (Acute and chronic vaginitis (vaginal leucorrhea); B. Uterine leucorrhea; C. Ulceration of the cervix uteri; D. Cancer of the uterus; E. Lochial discharge; F. An abscess, as one due to pelvic cellulitis, bursting into the genital organs. These are distinguished from other causes by: 1. The clinical history and the symptoms of one or more of these affections; 2. The microscopical examination of the urine, in which may be found pavement-epithelium from the vagina, cylindrical epithelium from the uterus, or cancer structure; 3. A purulent discharge independent of micturition; 4. The absence of pus from the urine when drawn off directly from the bladder by a catheter.

II. If the pus be from the urethra, having special reference to the male, most of it comes away just before the urine in micturition. It is also discharged in the intervals between the micturitions and the urine is usually acid. The causes are: A. Gonorrhœa; B. An abscess of the prostate; C. An abscess of Cowper's glands or of the perineum, opening into the urethra.

A. *Gonorrhea* is distinguished by: 1. Great pain and burning in the urethra during micturition; 2. Redness, swelling, itching, and burning at the meatus; 3. The appearance of pus at the meatus when the glans penis is gently pressed between the thumb and fingers.

B. *An abscess of the prostate* is distinguished by: 1. Pain which is present not so much during as just at the termination of micturition; 2. A swelling and tenderness of the prostate which is discoverable by rectal examination; 3. The condition of the prostate, which enables the physician by squeezing it to force pus and microscopic calculi along the urethra and out at the meatus. According to Sir Henry Thompson, an abscess of the prostate may give rise to inflammation extending back into the neck of the bladder, accompanied by symptoms resembling those of stone; such as great frequency of micturition, pain following micturition and referred to near the lower end of the penis, a little blood occasionally with the last drops of urine, an alkaline reaction of the urine which is turbid with altered pus, an exaggeration of all these symptoms when the patient is exercising or moving about. Such a condition is distinguished from stone by (*a*) the absence of any history of the descent of a calculus; (*b*) more or less discharge from the urethra during the intervals between micturitions, but perhaps appearing only upon squeezing the glans penis or urethra; (*c*) often a history of gonorrhea; (*d*) swelling and tenderness of the prostate; (*e*) the absence of a stone in the bladder, determined by the sound.

C. *An abscess in Cowper's glands or the perineum* is detected by local examination.

III. If the pus be from the bladder, most of it comes away at the end of micturition. It is altered, viscid, and like "ropy mucus due to the alkaline condition of the urine. The urine is usually more or less ammoniacal, fetid, and deposits crystals of triple phosphates. There is more or less pain in the region of the bladder over the pubic bones, which is increased according to the disease present, sometimes before and sometimes after micturition, and which is often accompanied with tenderness in the same region, especially when the bladder is full of urine; and there is increased frequency of micturition. The causes are; A. Cystitis; B. Calculus; C. New growth.

A. *Simple cystitis*, independent of calculus or new growth, is distinguished by: 1. Pain, which is severest just before micturition, when the bladder is full, and which is relieved by emptying the bladder; 2. Hematuria only in rare cases, except when the disease is unusually acute or the result of an injury; 3. The symptoms of the primary trouble of which cystitis is really only a symptom; such as (*a*) the retention of urine by a stricture, an enlarged prostate, by a stone in old people, by fevers paralyzing the muscular coats of the bladder, or by paraplegia; (*b*) gonorrhœa extending backward to the bladder; (*c*) poisoning by cantharides, or by morbid states of the blood, as occurs in gout (gout being the cause of most "idiopathic cases):" 4. The absence of symptoms specially characteristic of stone or new growth.

B. *Calculus* is distinguished by the symptoms of the accompanying cystitis, and by: 1. Pain, which is severest at the end of micturition and for some time after (because then for a time, when the bladder is empty, the stone comes in contact with the sensitive mucous lining), and which is more distressing than the pain in simple cystitis, and referred to the glans penis about one inch from the meatus; 2. Hematuria very commonly in small quantity, so small often as only to be detected by the microscope, which is increased by violent exercise; 3. Increased frequency of micturition, which is more noticeable during the day when the patient is moving about than it is during the night (the reverse being true in prostatic stricture); 4. Sometimes a sudden stoppage in micturition due to the stone acting as a ball-valve in the bladder-opening of the urethra; 5. In a great number of cases a previous history of nephritic colic, a severe pain shooting from one kidney down to the testicle or penis, retraction of the testicle attended with rigors and vomiting, nausea, pallor, a quick and feeble pulse, intermittent pyrexia, and sometimes swelling of the testicle, all suddenly ceasing after the passage of the stone into the bladder; 6. The passage of a stone, red sand, or gravel in the urine; 7. The presence of a stone determined by a sound.

C. *New growths* originating in the bladder or penetrating it from without, either exciting secondary cystitis or ulcerating, are distinguished by: 1. Paroxysms of severe lancinating pain quite independent of micturition (in villous disease, however, there need be no pain if the urethra be not blocked by a blood-clot); 2. Hematuria, irrespective of exercise, which is irregular, coming on at long intervals, or being very persistent, and is sometimes very copious, especially in villous disease, in which it is dangerously so; 3. The presence in the pus of epithelial cancer-cells, or, in villous disease, villous processes; 4. Cachexia and emaciation; 5. The absence of stricture, prostatic disease, and other causes of retention; 6. Possibly a hard, irregular, tender tumor, which can be felt by the rectum or vagina; 7. Possibly enlarged glands in the groin, or the evidence of new growths in dis-

tant parts of the body; 8. In the absence of an appreciable tumor, and the presence of symptoms resembling those of stone, the evidence furnished by the sound, which may detect a thickening of the bladder-wall, but not the presence of a stone.

IV. If the pus be from the kidneys or the ureters, it is at first uniformly mixed with the urine, but after a little settles as a creamy layer, leaving the urine above clear. The urine is acid, as a rule, but may become alkaline by standing too long after micturition, or be alkaline from the first if pus comes from the bladder as well as from the ureter, and, when alkaline, is turbid with altered pus, which does not settle. There is pain and tenderness over the kidney and about the crest of the ilium, which extends down to the bladder and penis (pain alone over the kidney may be a symptom of bladder-disease only, but tenderness there is very significant.) A tumor in the kidney region may be sometimes detected, and should in all cases be looked for. Increased frequency of micturition may be present, but without pain in the bladder either before or after micturition. The causes are: A. Certain rare cases of acute-nephritis; B. Calculus pyelitis; C. Tubercular pyelitis; D. Pyelitis from obstruction of the urinary passages.

A. *Certain rare cases of acute nephritis.* These are such as sometimes supervene in cases of carbuncle, boils, erysipelas, acute fevers, parturition, or pyemia, and also occur in rare instances in which gonorrhœa spreads upward as acute pyelitis as well as acute nephritis, and are recognized by: 1. The slight quantity of pus; 2. The degenerate products of nephritis, such as epithelial pus or hyaline casts, etc.; 3. The previous history of smokiness or other evidence in the urine of the existence of acute nephritis; 4. A quantity of albumen much too great to be accounted for by the amount of liquor puris; 5. General dropsy not uncommonly; 6. Uremic symptoms possibly, such as headache, retching, drowsiness, coma, or convulsions; 7. The absence of any tumor to be detected externally; 8. A dry skin; 9. The previous history of one of the above causes.

B. *Calculus pyelitis* is distinguished by: 1. A previous history, though not always, of nephralgia, a pain extending from the kidney to the testicle, penis, vagina, or thigh, attended with rigors, nausea, vomiting, frequent micturition, hematuria, retraction or swelling of the testicle, pallor, a quick and feeble pulse, and some fever, perhaps; 2. Pain and tenderness, or simply a burning or aching, not necessarily in all cases, however, more or less constant in the region of one kidney or both, which is increased by much exercise and fatigue, or may be present only during fatigue: 3. Hematuria, especially when the calculus is composed of oxalate of calcium, and in any other case after violent exercise, while microscopic blood is usually present at other times; 4. A variation in the quantity of pus from day to day; 5. The absence of casts; 6. Crystals of uric acid, or not uncommonly of oxalate of calcium; 7. A tumor in certain cases, not in all, more or less painful, in the kidney region, which enlarges when the quantity of pus in the urine diminishes, and becomes smaller or disappears when the quantity suddenly increases; 8. Attacks of intermitting pyrexia, occasionally ushered in by rigors, and followed by profuse sweating, which are most severe when the tumor is largest; 9. Absence of dropsy and other signs of acute nephritis, though the patient may ultimately die of uremia due to the wasting of the secreting tissue of the kidney; 10. Its duration, which may be a fair lifetime (one case lasted forty years), or may end favorably by the stone passing into the bladder or becoming encysted.

C. *Tubercular pyelitis* is distinguished by: 1. The absence of any history of renal colic; 2. A constant, dull pain in the back, over one kidney or both, with exacerbations when the ureter becomes blocked, and which is accompanied with tenderness over only one kidney in nine cases out of ten; 3. Hematuria not uncommonly, which is slight, and may be the earliest symptom, and then disappear; 4. The unvarying or steadily-increasing quantity of pus in the urine; 5. The absence of casts from the urine and the presence often of amorphous granular matter insoluble in acetic acid, of particles of caseous matter, or fibres of connective or elastic tissue; 6. The absence of crystals; 7. The formation, if the ureter be blocked, of a tumor, which may point externally or even stretch across the middle line (out of sixteen cases a tumor formed in seven); 8. Persistent pyrexia, usually intermittent and hectic, with night-sweats; 9. As a rule, persistent and rapid emaciation, but the patient may even gain flesh under treatment; 10. Signs of tubercle in the lungs, bowels, testes, prostate, vertebræ, or elsewhere; 11. The fact that it occurs more frequently in males than in females; 12. The absence of dropsy and any tendency to uremia, the patient dying from exhaustion; 13. The rapid progress of the disease, which rarely lasts two years.

D. *Pyelitis from obstruction of the ordinary passages* is distinguished by: 1. The history and symptoms of a primary obstructive disease, as cancer of the uterus, stricture, enlarged prostate, hydatids in the pelvis, etc.; 2. Constant aching pain and tenderness in the back, over one kidney or both; 3. Copious urine of low specific gravity, with little urea or albumen; 4. A varying quantity of pus in the urine, possibly with casts, consisting of pus-cells from small abscesses in the substance of the kidney, or with an alkaline reaction due to the concurrent cystitis; 5. Very commonly paroxysms of intermittent pyrexia; 6. The great tendency to headache and uremic symptoms.

V. If the pus be from an abscess bursting into

the urinary passages, its place of origin may be very various, some of them being: A. In rare cases, empyema; B. A topical abscess of the liver; C. A psoas abscess; D. A prostatic abscess; E. Pelvic cellulitis after or independent of parturition. The urine is usually acid, and the pus falls as a creamy layer. Further, the diagnosis depends upon (1) the clinical history previous to the pyuria, and (2) the concomitant symptoms and signs of the primary disease.

STENOSIS OF THE OS INTERNUM—ENDOMETRITIS—UTERINE FIBROID.

Extract from a Clinic by Prof. THOMAS, New York.

The patient's name is Margaret W.; she is a native of the United States, and 26 years of age. She has been married six years; but has never been pregnant. Here, then, at once, is the evidence, or almost the evidence, of something wrong about the woman.

How long have you been sick? "For six years." (Or, in other words, ever since her marriage). What has annoyed you chiefly? "My stomach often swells up." (In order to get rid of this symptom at once, I will explain here that I found this "swelling up" due merely to tympanites. It has been a source of considerable anxiety to the patient, and she, no doubt, came here to-day with the idea that she was affected with some dreadful sort of tumor). What else do you complain of? "I have the whites very bad." Do you suffer all the time from this? "Yes, constantly." What else? "Constant backache." Is there anything else that troubles you? "My feet sometimes swell, and I have pains down the limbs." Do you have much pain during your monthly periods? "I suffer terribly then." Does the pain come on before the flow, or after it has commenced? "It begins at the same time as the flow." And how long does it continue? "As long as the flow lasts." Then, when the flow stops you are free from pain? "Yes, except some headache for a little while." That is all that you complain of, is it? "Yes."

Now, gentlemen, in connection with this case, it is well to remember what I recently told you in my didactic lectures, that in the diseases peculiar to women we are constantly meeting the same general symptoms in almost all sorts of cases, and yet when we come to find out by physical examination what is the actual state of the pelvic organs, we ascertain that exactly the same symptoms may be due to at least ten or twelve different pathological causes. In this patient, as elicited by the history, we find a great many of the ordinary symptoms of uterine disease. What are they?

1. Severe and constant backache. 2. Constant leucorrhœa. 3. Violent pain during the menstrual period, beginning and ending with the discharge of blood. 4. Sterility. 5. Tympanites. 6. Headache, coming on about the time of the menstrual period, and continuing for some little time after it.

Let us, then, endeavor to find out what pathological conditions give rise to such a train of symptoms in this particular instance. It is well always to bear in mind that we do not make uterine examinations for the sake of discovering some peculiar fibroid, or some other rare and curious condition, but merely for the purpose of seeing whether it is not possible by this means to get hold of the key to the various symptoms in each individual case. The only question that should present itself, in any instance, to the examiner, ought to be, Can I discover anything which will satisfactorily account for the particular phenomena here presented? Now, in this case, the physician may, in his examination, perhaps, discover that the patient has a floating kidney. That would be a rare and curious fact. Or he might find that she was the subject of abdominal aneurism. That, too, would be very rare and interesting. But neither of these pathological conditions would offer any explanation of the various symptoms complained of, and the medical attendant, unless he find something else abnormal, would not have got at the real facts of the case. Let me tell you, then, what was discovered here when the examination was made.

As soon as my finger reached the os uteri, I recognized it as that of a nulliparous uterus. It was not specially small for a uterus of this character, but still quite small enough to indicate that the woman had never been impregnated. With two fingers of one hand at the cervix, and the other upon the abdomen, I was enabled to move the organ about freely in every direction, and I could also get my finger behind the uterus with the greatest facility. While I was making these manipulations, however, I was struck with the peculiar lubricity (there is no other word to express just what I mean) of the whole vaginal canal, as elicited by my fingers in the vagina, notwithstanding the fact that they were smeared with soap. I furthermore detected that there was a plug of something hanging from the cervix, which was sufficiently firm to be rolled between the fingers. Finally, I noticed that nothing was to be discovered about the ovaries.

The patient's position was then changed from the back to the side, and Sims' speculum introduced; the posterior wall of the vagina being lifted up by the blade of the instrument, and the anterior wall held out of the way by means of the ordinary depressor. It then became evident that the plug hanging from the cervix uteri, which was of the color of the white of an egg, was composed of mucus; and as I touched it with the uterine sound it acted very much as a polypus might have done under the circumstances. Then I grasped it with a pair of ordinary dressing forceps and drew it out

as far as the vulva without its becoming detached from the cervix. Next I directed a strong jet of water from a syringe upon it; but still it remained *in situ*. Finally, I took a small piece of dry sponge (it is important that the sponge should never be wet when used for this purpose), and, placing it in an ordinary sponge-holder, forced it up into the cervical canal. Now, twisting it around, I succeeded in breaking the hold of the tenacious mucus upon the arbor vitæ of the cervix, as it is called, and removed the entire plug, which measured six or eight inches in length altogether. At last the os was perfectly clear; and this method is, in my opinion, the only way of removing such a plug of mucus with any certainty.

By this time I had begun to arrive at a diagnosis. What was the matter with the patient? Well, for one thing, she certainly had cervical endometritis, and, in all probability, corporeal endometritis also. Now, have we got at the key of the case? Let us see. Can such a condition as this prevent conception? Undoubtedly; and it is quite possible that it should keep a woman sterile for a life-time. It would also account for the backache complained of; but when we come to consider the violent dysmenorrhœa also present, we find that it does not offer any satisfactory explanation of that. We shall, therefore, have to continue our examination further. We have certainly got hold of one key, but it seems that more than one is required for this case.

Proceeding, now, to introduce the uterine sound, I found that it was obstructed at the os internum, showing the existence of a stricture at that point. As the stenosis prevented the entrance of the sound altogether, I resorted to the smaller uterine probe, and presently succeeded in passing it over the obstruction into the cavity of the body. The moment I did so, however, the patient complained of the most extreme pain, and, in fact, the introduction of the instrument, under the circumstances, had very much the same effect that a dentist's probe would if knocked sharply against the exposed nerves and sensitive dentine of a carious tooth. The withdrawal of the uterine probe here was followed by some blood, which showed that the organ was in a state of intense congestion. I may also state that the uterus was larger than it should have been, the cavity measuring three inches instead of two and a half, which is quite remarkable in connection with the fact that she has never been pregnant. Here, then, we have the second key to the case.

But still, notwithstanding that we now have possession of the keys, it is a very difficult case. The patient has told us that she was perfectly well up to the time of her marriage, six years ago; but on questioning her a little more closely, I find that the dysmenorrhœa really commenced about two years before that time. The exact time of the beginning of her trouble does not matter; but from the present condition of affairs, I take it for granted that at some particular period, which is now too remote to learn much about, the patient did something which was the means of bringing on this uterine catarrh from which she is now suffering. While the uterus was in a state of engorgement, in consequence of the menstrual excitation, she, no doubt, exposed herself to cold; in all probability getting her feet wet. Like an ordinary cold in the head, for instance, this gave rise to a catarrhal condition, which, under the circumstances, naturally affected the uterus. In consequence of the inflammatory process thus set up, lymph was thrown out, and the stricture of the *os internum* finally resulted. Or, it is possible that the stricture was congenital, as is occasionally the case. At all events, we have two links in the chain of pathological evidence in this case. The first is this obstruction to the escape of menstrual blood from the uterus, and the second is the inflammation of the lining mucus membrane of the cervix and body of the uterus. In this way the dysmenorrhœa, the leucorrhœa, and all the symptoms, are accounted for in the most satisfactory manner.

What, then, is the prognosis here? If you should say there is an active inflammation going on, and I am going to apply active remedies, such as strong caustics, to the interior of the uterus, I should feel very skeptical, indeed, about your ever curing the case. In my opinion, the first thing to be done is to overcome the stricture at the os internum, and thus give free exit to the menstrual blood, which now always gets dammed up behind it. Although blood of this character does not coagulate nearly so readily as ordinary blood, it always does coagulate under the circumstances present in this case. So little blood can escape that a clot soon forms behind the stricture, and then the uterus is driven to such active contractions (to the intense suffering of the patient), that it is at last forced through the narrow passage. Then the process is repeated over and over again (the uterus swelling up, contracting violently, and forcing the clots out), until the menstrual period has come to an end. Such a process as this is a very frequent cause of inflammation of the mucous membrane of the uterus, and sterility is extremely likely to result from its consequences. In the present instance the seminal fluid is prevented from entering the uterus, not only by the plug of mucus hanging from its mouth, but, also, by the obstruction offered by the stricture at the os internum.

In the treatment, then, the very first step is to overcome this stricture which has existed so long; and without this is done, as I said before, I do not believe it is possible to cure the patient. The question then comes up, what method shall we employ for this purpose? There are two principal ways of accomplishing the result desired; the first being by dilatation, either gradual or rapid, and

the second by incision. In regard to dilatation, I may say that some authorities at the present day advocate very strongly what is known as the "glove-stretching" method. The patient is first etherized, and then forcible dilatation is accomplished by means of an instrument which works exactly in the same manner as a glove stretcher. This, as it seems to me, is a very unsurgical procedure. When the "stretching" is made, you can hear the tissues tear, like moist chamois leather, and an amount of violence is done to the parts which would seem as though it must be followed by the most injurious consequences; yet, nevertheless, very admirable results have been reported from it by a number of observers. But still I must confess that I am afraid of the operation, and would rather perform the bloodiest ovariotomy than attempt it again. I have had some little experience with it, and have seen just enough of it to make me thoroughly dislike it. It is, in fact, about as brutal as tooth drawing, and there certainly can be no more brutal operation than that in surgery.

A neater, and in my opinion more efficient, method of accomplishing the same result is by the persevering use of uterine tents. One objection to it, however, is that it keeps the patient in bed a good deal, while it requires considerable time, and not a little patience on the part of the medical attendant.

But the method of overcoming the stricture which I consider altogether the simplest and the safest, is that by incision. In performing this I would warn you against employing any instrument which acts in such a manner that you cannot really tell what is being done by it; and would advise the use of simply an ordinary probe-pointed bistoury, which should first be carried beyond the seat of stricture, and then drawn from within outward, dividing it in the same manner that a urethrotome would, in the case of a stricture of the male urethra. But the division of the stricture is not all. If the treatment of it should stop here, it would be a complete failure. After the incision has been made, it is important that a glass plug or short stem pessary should be inserted in the cervical canal, and retained in position by means of a pessary in the vagina, until permanent dilatation of the os internum has been accomplished.

From this time free escape for the mucus would be permitted all the time, and free exit for the blood at the menstrual period. This would, no doubt, completely relieve the dysmenorrhœa, and accomplish not a little toward the cure of the patient; but you would still have the endometritis to treat (I cannot now go into the details of such treatment), to say nothing of the sterility. Still, under any circumstances, I would not promise the patient a complete cure; and especially in regard to the last point. In a considerable proportion of cases, however, impregnation does take place after such a course of treatment as I have indicated in this instance; and when pregnancy once occurs it seems to exert a very beneficial effect, in permanently restoring the uterus to its normal condition. I have devoted a considerable amount of time to this case, simply because, as I said, large numbers of just such patients will consult you in the future, and I want you to fully comprehend the difficulties which you will meet with in connection with them, as well as the best methods of overcoming them.

Case II.—Large Uterine Fibroid.

The next patient is Eliza C., a native of England, 40 years of age, and single.

How long have you been complaining? "For three years." Were you perfectly well up to three years ago? "No, I was not." But your present trouble commenced then? "Yes." In what way did you suffer before that time? "I lost a great deal too much blood at my monthly periods." Did you lose any between your periods also? "Yes, frequently." For how long did this state of affairs continue? "For about fourteen years." Now, what have you complained of during the last three years? "Principally pain in the bowels." Anything else? "Great trouble with my bladder." Do you have to pass your water very often? "Yes, very often, and I have a good deal of pain with it too." Is there anything else that gives you trouble? "No." You do not, then, lose too much blood at your monthly periods now? "No." Do you lose any between your periods now? "Only very seldom, and then but very little." Do you have much pain during your sickness? "Yes, a great deal." Do you have to go to bed at that time? "Yes, on account of the pain, and because I feel so very weak." How long do you have to remain in bed? "Three days."

You see how pale this patient is, gentlemen. It would seem that she does not lose too much blood at the present time; but she is evidently suffering from the effects of the hemorrhages which have troubled her during a long period of years in the past. She is very anæmic, and her pulse is also quick and small. The only other symptom of which she complains (besides those already noted) is headache, and when questioned as to its locality she places her hand upon the temporal region; which would seem to indicate that it is neuralgic in character, and in all probability due to her anæmic condition.

Although naturally averse to an examination, the patient, after some little persuasion, consented to one. I found the cervix so high up that it could with difficulty be reached, and on resorting to conjoined manipulation, I found that the uterus was enormously enlarged. Moreover, the moment that I passed it between the two hands, the patient complained of great pain. It was not difficult to

see, however, that this was not the pain of inflammation, but was rather neuralgic in its character. I also ascertained the fact that the uterus was lying over upon the bladder, which at once explained all the difficulty of which the patient had complained in regard to her water.

Now, what has caused the increase in the size of the uterus? The first thing that occurred to me was that it was a fibroid tumor, but in order that this diagnosis should be established, it was, of course, an essential point to exclude utero-gestation, for the condition of the hymen, of itself, is certainly by no means sufficient to do this. The hymen may be absolutely perfect, and yet pregnancy exist, and a number of such cases, which are entirely well authenticated, are on record. But here there was plenty of other negative evidence in regard to this point. The uterus, instead of giving the characteristic sensation of pregnancy to the fingers on palpation, was hard, like a billiard ball, and, in addition, all the mammary, gastric, vaginal and cervical signs of the condition were lacking. Since utero-gestation is to be excluded, therefore, let us inquire whether a fibroid of the uterus would offer us a satisfactory explanation of the symptoms which have formerly and now trouble the patient.

The more that we examine into the case, the more completely will we be convinced that a fibroid is the source of all the difficulty here. These tumors, as you know, constitute one of the most frequent of all the causes of both memorrhagia and metrorrhagia, and it is undoubtedly such a growth about the uterus that has given rise to the uterine hemorrhages from which this woman suffered for fourteen years. That during the last three years these have been gradually diminishing is, in all probability, due to the fact that she is now approaching the menopause. As to the trouble in regard to the bladder, we have already seen in exactly what manner that is produced.

We come now to consider the question, where is this fibroid located? On account of the pains which the examination gave the patient, I have been unable on the present occasion to determine whether it is sub-mucous, interstitial, or subperitoneal in character. The point could easily be ascertained, however, if she were to be etherized, the sound passed, and a more thorough exploration made. But so far as it would have any practical bearing upon the case, this would be an entirely unnecessary procedure; for even if I found out positively that the fibroid was in the cavity of the uterus, I would not think of actively interfering in such a case as this. It is always a dangerous operation to dilate the cervix and remove a uterine fibroid. Many operators have no doubt accomplished it with impunity; but a large number of others, just as careful in their manipulations, have encountered the most serious consequences in attempting it; so that we should always beware of trusting too exclusively to our own individual experiences. Most of you are probably not aware, from personal experience what it is to have a bullet enter your bodies, but you are all sufficiently convinced, from that of others, that it is a dangerous matter. Out of a very large number of cases, I have myself lost two patients after the operation, in which it was absolutely necessary to remove uterine fibroids, on account of the extreme disturbance to which they were giving rise. In each instance septicæmia originated from the effect produced by the tent employed to dilate the cervix. You may, perhaps, do it twenty times in succession and not lose a patient or meet with any difficulty whatever, but yet there is always a certain amount of danger connected with the procedure. If the fibroid comes down within reach, however, it is a very different and a much simpler matter. Then you have only to seize it with the volsellum forceps, and enucleate it by means of the serrated scoop, which I have before shown you.

But, in the present instance, the indication, undoubtedly, is merely to let the patient alone, and I should certainly consider it criminal surgery to attempt to remove this fibroid, which is now doing her so little harm. Especially should such a course be reprehended, in view of the fact that she is really getting well of herself, because approaching that time of life when fibroids almost invariably cease to give rise to any trouble whatever. During the past four years, however, she has lost a very large amount of blood, and, consequently, she is still suffering from the effects of it, and needs building up. Then, as you know, there are certain drugs which have the effect of diminishing the blood supply of the uterus, and by far the most active of these is ergot. I should, therefore, recommend that this patient should take twenty drops of Squibb's fluid extract of ergot every night and morning, and that this medication should be kept up for an indefinite period; possibly for five years to come. There is no danger, as some might apprehend, of producing gangrene of the part by the long-continued use of ergot, for there is no instance on record, so far as I know, of the drug's giving rise to this effect when administered in medicinal doses. It is altogether possible that the ergot may cause such contractions of the uterus that, in time, the fibroid may be forced out into the vagina, if it is of the sub mucous variety.

As to the prognosis of this case, I am confident that the patient will never die of any trouble connected with this tumor, unless it should be in consequence of the unwise interference of some practitioner who does not appreciate the real state of affairs here. I have so often known the use of sponge tents to be followed by the most serious consequences that I have been much surprised to see in a late medical journal a long article from the pen of an eminent European authority, whose pur-

pose is to show that they are not at all dangerous; and I cannot but believe that it is calculated to do a great deal of mischief. In the same way, about every five years, some one comes out in the journals with the important discovery that uterine injections are perfectly harmless; but if you should happen to question the writer about the matter some little time afterward, you would almost invariably find that he had given the matter up, although he might not, perhaps, explain very fully the reasons which had induced him to do so. So, too, in regard to the use of intra-uterine stem pessaries. Very enthusiastic advocates of the instrument from time to time arise, but after a while you find that they all give it up. Yet I myself am in the habit of using both sponge-tents and stem-pessaries in my practice; although fully recognizing, as I do, the dangers connected with their use, I do not resort to them unless I believe it to be absolutely unavoidable. It is just three ago since I put in my last intra-uterine stem, and this is the first day that I can consider the patient out of danger of a fatal result from its effects. Then, why use such agents at all, you may ask. Simply because in certain instances the object desired can be accomplished in no other way. The simple passage of a catheter has been known, in occasional cases, to produce urethral fever, lymphangitis and death; yet no one would think of abandoning the use of the catheter in general, in consequence of such an accident. In the same way we continue to use sponge-tents. But we are fully aware that serious consequences may possibly result; and I would not have you deluded into the idea that they are by any means free from danger. I do not suppose a fortnight ever passes without my introducing at least one sponge-tent; but I make it a rule always to inform the friends of the patient (not the patient herself) that the procedure is attended with a certain amount. of risk. This I consider to be the duty of the medical attendant in every instance; for if he should announce that the introduction of a tent was a trifling operation, not in the least dangerous, and in four or five days afterward the patient should die from peritonitis in consequence of it, he would certainly be placed in a very unenviable position. Such an unfortunate occurrence can always be avoided if you recognize the dangers incident to such a method of treatment; and if you consult any gynæcologist of experience and frankness, he will tell you that there is danger in putting anything whatever into the cavity of the uterus. Even cotton which has been saturated with thymol or carbolic acid may give rise to the most serious consequences, if allowed to remain in the uterus for twenty-four hours; and the same is true of the mere passing of the uterine sound.—*Med. and Surg. Reporter.*

OPERATION FOR THE RADICAL CURE OF CONGENITAL INGUINAL HERNIA IN THE CHILD.—Dr. George Buchanan, finding Wood's operation with pins unsuccessful in his hands, determined to perform an operation consisting of opening the sac and obliterating the canal by the introductiou of strong sutures. He reports the case of a male child, of 16 months, who was the subject of congenital inguinal hernia, which was observed shortly after his birth. It had grown with his growth, and when examined, was the size of a turkey's egg, and distended the left side of the scrotum. Trusses had failed to keep it in place. When it was reduced the finger could be pushed into the abdomen, but the gut came down alongside of it. The operation was as follows:

The patient having been chloroformed, the rupture was returned and kept up by the finger of an assistant; a longitudinal incision was made along the whole length of the sac, from opposite the internal ring to the bottom of the scrotum. This divided all the textures down to the peritoneal sac, which, as usual, had been thickened by the presence and movements of the hernia. With the handle of the knife and a few touches of its point Dr. Buchanan separated the sac from its superficial structures, leaving the posterior part lying over the cord, which was seen behind. He then divided the sac into two halves by a transverse cut, except at the back, where it was adherent to the cord. One-half was folded down over the testicle so as to form a sort of tunica vaginalis. The upper half was rolled into a ball or plug, which he pushed into the internal abdominal ring, and had it kept there by an assistant. The walls of the inguinal canal were now approximated as in the operation for radical cure of hernia in the adult. Pushing aside the structures so that the relations of the ring and canal could be seen, a strong nævus needle was pushed through the external pillar of the canal at a spot opposite the internal ring. Then, guiding it with the point of his left forefinger lying in the internal ring, he made it lift up the lower border of the internal oblique muscle and emerge through the internal pillar of the external aponeurosis, about half an inch above its lower edge. A strong waxed-silk thread was now passed through the tissues with the aid of the needle, and this was followed by a second, including the rolled-up bit of sac carefully placed with its external raw edge outwards. The edges of the external ring were now drawn together tightly above the cord by a strong silver wire made to take a very strong deep hold. For this purpose it passed through the tendon of insertion of the internal rectus. The wire, when drawn through, was clamped and retained by a little rod of silver. The silk threads and wire hung out of the bottom of the wound, which was closed with antiseptic precautions. The child was placed on a St. Andrew's cross, the upper arms of which were joined by a sheet of calico, on which the body rested, the legs being

securely bandaged with strips of adhesive plaster to the lower limbs of the cross. The pelvis and chest were also securely fixed to the apparatus. In this way the movements of the child were securely controlled. A perfect recovery was the result: and Dr. Buchaan says he shall in future employ this operation, not only in the case of children, but also in adults, where the operation for strangulated hernia has been performed.—*British Med. Jour.* May 17, '79.

A New Elastic Suture.—The following elastic suture is recommended by Dr. Vogel for closing a gaping superficial wound, and for drawing the edges of the latter together. Wide strips of sticking plaster are placed on both sides of the wound, from one to two inches from the edge. Several small holes are then made in that portion of the strips which is near the edge of the wound, and small-sized studs are placed into the openings. A narrow India rubber band is then laid across the neck of two opposite studs, slightly tightened and fastened. This new suture is said to have answered very well in cases where the metallic suture either caused suppuration or could not be applied because the edges of the wound were too far distant.

Disposal of Excreta.—In his address on hygiene at the meeting of the British Medical Association, Dr. Fergus said in reference to the disposal of excreta that, "after years of further study and investigation, I can only adhere to my opinion, expressed many years ago, that 'if it is true that organic poisons producing disease may pass from sewage; if it is true that cholera, diphtheria, typhoid fever, and diarrhœa are traceable to taking into our systems, by air or water, the results of decomposition of human excreta; if it is true that these diseases and others from the same causes, swell our death-rate and carry off some of the most valuable of our population, then, gentlemen, I affirm that the only true sanitary solution of our difficulties is, that all excreta shall either be returned to the earth or subjected to chemical action rendering decomposition impossible; and I am furthermore sure that if a tithe of the time, skill, and ingenuity, and one-thousandth part of the money that have been devoted to water-carriage had been spent in investigations in this direction, the problem of the sewage question would have been solved long ago."

Convulsions of Children.—Dr. Jules Simon, recommends the following enema when the infant cannot be got to swallow, preceding it by an ordinary enema. Musk, 20 centigrammes; camphor, 1gramme; chloral hydrate, ½ gramme; yolk of one egg, and 150 grammes of water. The child should also inhale ether, and be placed in a hot-water and mustard bath, until the skin reddens.

CANADA MEDICAL ASSOCIATION.

MINUTES AND PROCEEDINGS.

The twelfth annual meeting was opened in London, Ont., on the 10th ult., at which were present Drs. McDonald, Botsford, Workman, Bucke, Robillard, Campbell, Osler, Gardner, Harrison, Burritt, Burgess, Fraser, Roddick, Ross, Mullin, Buller, Sloan, Riddel, David, and others.

Dr. McDonald, President, took the chair at 10.15, a. m., and declared the meeting opened.

The committee of arrangements reported the credentials of Dr. Brodie, of Detroit, as a delegate from the American Medical Association, as correct; and Dr. Brodie was requested to take a seat on the platform. Dr. Dunlap, of Springfield, Ohio, and Dr. Goodwillie, of New York, were elected members by invitation, and also requested to take seats on the platform.

The minutes of the afternoon session of last year were read and confirmed. Letters of regret at not being able to attend the meeting, were read by the General Secretary, from Drs. Acland, White, Hutchison, Rochester and Stuart.

On motion, Drs. Burgess, Payne, King, Drake, Stevenson, Lumley, Jones, Burns, and Millman, were duly elected permanent members.

It was moved and seconded, that the President's address be not now read, but be the first order of business of the afternoon session, which was carried.

Dr. Osler reported verbally for the Publication Committee.

Dr. Botsford read a short report from the Committee on Climatology, exhibiting a map of the unhealthy portions of the city of Montreal, sent him by Dr. Larocque, health officer of that city.

The General Secretary then read a telegram just received from Dr. Hamilton, of St. John, N. B., regretting his inability to be present at the meeting, and also a letter from Dr. Stephen Dodge, of Halifax, enclosing his subscription, and withdrawing from the Association.

On motion, the following members were named as the Nominating Committee: Drs. Bucke, Workman, Burritt, and Harrison, for Ontario; Botsford and Hamilton, for New Brunswick; and Campbell, Osler, Ross and Hingston, for Quebec.

Dr. Bucke submitted an excellent paper on "Alcohol in Health and Disease," in which he pointed out that this stimulant could be very well done without in the practice of medicine. He related his experience in connection with the London Lunatic Asylum, and after making exhaustive experiments he had discontinued its use in the institution altogether. Alcohol was either a stimulant or it

was not, either a means of doing good or of doing injury. He would not discuss the last idea, but submitted the opinion that it was at least of no practical benefit to persons either in health or disease.

Several gentlemen objected to the theory advanced by Dr. Bucke, believing that its use was decidedly beneficial. They agreed at least that there was no drug that could properly take its place.

Dr. Workman was not in harmony with the ideas of the essayist, and quoted his experience in the Toronto Lunatic Asylum in support of his opinion. In the Asylum, however, he had seldom used it but as a means of comforting patients who were on the path to the grave, and making their last hours as painless as possible.

The President also opposed the ideas advanced in the paper, and at the request of the meeting thanked Dr. Bucke for his able essay.

On motion, the following gentlemen were elected permanent members: Drs. Hyndman, Edwards, Arnott, Moorehouse. C. G. Moore and Hanson.

Dr. Riddel, on behalf of Dr. Covernton, read the report of the Committee on Education, recommending the elevation of the standard of letters as well as the standard of medicine. He pointed out the necessity of this precaution, and the advantages of working a reform in some of the schools.

The report was laid on the table.

The meeting then adjourned until 2 p. m.

AFTERNOON SESSION.

The President called the meeting to order at 2.30, p.m. The minutes of the morning's session were read and approved.

On motion, Drs. Leaming, of New York, and Lister and Gustin, of Detroit, were elected members by invitation, and requested to take seats on the platform.

Reports from the Committees on Surgery, Medicine, and Obstetrics, were received and handed to the Publication Committee.

On motion, the following gentlemen were elected permanent members: Drs. Billington, Phillips, Newell, Burkhart, Dunfield, Sinclair, Marquis, and Walker.

The President then delivered his address. He referred to the importance of his position, and thanked the Association for the honor conferred upon him. It was right that the annual address from the chair should deal with some live and important topic. He felt that the remarks of ex-President Workman, on previous years, regarding the location and construction of asylums, had done a great good, and on the present occasion he was going to speak of another class of institutions, which deserved, although they did not receive, equal attention to lunatic asylums. He referred to hospitals for the sick. To what extent were they required, and how could they be obtained? It could not but be admitted that notwithstanding the boasting of men with regard to the present improved state of the world and the well-being of society, our social condition renders hospital provision as great a necessity as when men spoke more modestly of themselves and their institutions. Poverty and other reasons were the cause of this demand for hospital accommodation. After discussing this portion very ably, the speaker pointed out that hospitals, to answer the purpose required of them, should be placed within easy reach of those who need their services, and not so few and far between. It was quite wrong that sick persons should be required to make long and painful journeys. To be thus numerous and fully equipped the institutions must be supported at the public expense. And why should they not be regarded as legitimate objects for the employment of public money? Lighter and much less expensive buildings than those now located at favored places would answer the purpose very well, and he recommended the adoption of the "one story pavillion," which was so well adapted to its requirements. He would not require to describe this style of hospital, as the character as well as the advantages was too well known. To small towns, the construction of a hospital according to present ideas, would be an enterprise of insurmountable difficulty, and they would rather forego the hospital altogether, or else bring into use some disused tavern or factory, while a one-story structure of wood or brick could be provided by them with perfect ease, and so cheaply, that should it become infected its destruction would not entail a serious loss. He would not have brought the subject before the Association, if it were not for his familiarity with it, and the evils he had observed arising out of the use of old brick buildings, charged with septic matter. He concluded his interesting address by inviting the co-operation of the members in agitating this important matter.

Dr. Lemning, of New York, then read a paper on "Endemic Pleuro-Pneumonia," after which the thanks of the Association were tendered Dr. Leamning for his valuable paper.

Dr. Goodwillie, of New York, next explained his views on the "Hindrances to respiration from disease of the nose," exhibiting some of the instruments he used in certain cases. A cordial vote of thanks was accorded Dr. Goodwillie.

Dr. J. H. Burns, Toronto, then read a paper on "Registration of the Condition of Health," which Drs. Brodie, Botsford, and Lister discussed, the latter ending with an invitation to the members to attend the session of the Sanitary Convention in Detroit in December next. A vote of thanks was carried to Dr. Burns for his interesting paper.

On motion, Drs. T. K. Holmes, McGuigan, Phelan, McCulloch, Smith, Jas. Stevenson, Chamberlain, and Park, were elected permanent members.

Dr. Workman, of Toronto, then read a lengthy

essay on "Placenta Prævia," in which he strongly advocated the plugging system adopted by him after many years of experience.

Dr. Dunlap quoted instances of this character from a history of his thirty years of practice, giving his treatment in similar cases.

After a vote of thanks to Dr. Workman, the Association adjourned.

EVENING SESSION.

The President took the chair at 8 p. m. The minutes of the afternoon session were read and confirmed.

Dr. Grant, of Ottawa, read a paper on "Dermoid Cysts of the Ovary, with Operation and Treatment," in which he dealt with the subject from a surgical and medical point of view.

Dr. Dunlap, of Springfield, Ohio, was much pleased with the paper, and in the course of his remarks, recited a case of Multilocular Ovarian Cyst which came under his observation, together with the operation and treatment adopted.

Dr. Hanson, of Hyde Park, recited the particulars of a cure of ovarian tumor by the injection of iodine, and two cases of spontaneous cure.

After remarks by Drs. Billings, Sloan, Osler, Hingston, Workman and McCargow, a vote of thanks was cordially carried to Dr. Grant for his very interesting paper.

Dr. Rosebrugh next read a paper on "Fibroid Tumors of the Uterus," which was remarked upon by Drs. Hingston, Dunlap and Turquand. Dr. Rosebrugh having replied, Dr. Grant made a few observations, and moved a vote of thanks to Dr. Rosebrugh.

Dr. Scott then exhibited an ecraseur of his invention, which was carefully examined.

The meeting adjourned at 10.30, to meet at 10 a. m.

SECOND DAY'S PROCEEDINGS.

The President called the meeting to order at 10 a. m. The minutes of last evening's session were read and confirmed.

Dr. Campbell, seconded by Dr. Osler, gave notice of the following motion: "That the time devoted to the reading of any paper—except addresses upon special subjects which at a previous meeting had been assigned to a member—shall not exceed thirty minutes."

Dr. Osler, of Montreal, gave an interesting demonstration of the medical anatomy of the brain, illustrating his able discourse with specimens of the brain prepared by Giacomini's process, upon which Dr. Grant made a few remarks and moved a vote of thanks to Dr. Osler.

Dr. Noyes of Detroit, having entered the room was elected a member by invitation and requested to take a seat on the platform.

Dr. Buller read a paper on "Pilocarpin in Iritis," upon which Dr. Noyes made a few remarks.

Drs. McCargow and Roddick were appointed to audit the Treasurer's Books, &c.

Dr. Bucke, on behalf of the nominating committee, recommended that Ottawa be the place of meeting for next year, and that the meeting be held on the first Wednesday of September, 1880.

That Dr. R. P. Howard of Montreal be President, Dr. David, General Secretary, and Dr. Robillard Treasurer; Vice-Presidents, Dr. Hill of Ottawa, for Ontario; Dr. F. W. Campbell of Montreal for Quebec; Hon Dr. Parker of Halifax, for Nova Scotia; and Dr. Atherton of Fredericton, for New Brunswick.

Local Secretaries,—Dr. Wright of Ottawa, for Ontario; Dr. Ross of Montreal, for Quebec; Dr. Wickwire of Halifax, for Nova Scotia; Dr. Allison of St. John, for New Brunswick.

Committee of Publication,—Drs. Fenwick and Campbell with the General Secretary and Treasurer.

Committee on Medicine,—Drs. Wright of Ottawa, Adam Wright, Toronto, and Harrison of Selkirk.

Committee on Surgery,—Drs. Roddick, Atherton and Burritt.

Committee on Obstetrics—Drs. J. H. Burns, Toronto, Gardner, Montreal, and Black, Halifax.

Committee on Therapeutics—Drs. Daniel Clarke, Hingston, and Stevenson, London.

Committee on Necrology—Drs. Edwards, London, F. W. Campbell and Fulton.

Committee on Education—Drs. Hingston, Graham, and Burgess.

Committee on Ethics—Drs. Macdonald, Kingston, Robillard, Parker, Grant, Botsford, Marsden, Bucke, Clarke and Osler.

Committee on Climatology—Drs. Oldwright, Toronto, Larocque, Montreal, and Botsford.

Committee on Arangements—Drs. Drs. Sweetland, Grant, and Wright, with power to add to their number.

In accordance with the recommendation of the Committee of Nomination, it was moved by Dr. Bucke, seconded by Dr. Hingston, that the by-law be suspended, so as to alter the meeting to be held on the first Wednesday in September; when Dr. Workman, seconded by Dr. Harrison, moved in amendment that the by-law be adhered to, and August be the time of the meeting,—which motion in amendment was lost and the original motion carried.

The report was received and adopted.

Dr Holmes then read a most interesting essay on "The Antagonistic Action of Cold Applied Externally in the Treatment of the Febrile State," in which he strongly recommended the use of cold water applied over the surface of the body with a sponge, or by other means. He also briefly outlined the history of several cases which had come under his observation. A vote of thanks was passed to Dr. Holmes for his very excellent paper.

Dr. Grant, seconded by Dr. Bucke, moved "that the following gentlemen be requested to deliver addresses to the Association at the next meeting:—Dr. Osler on the progress of Pathological Enquiry; Dr. Roddick on Antiseptic Surgery, and Dr. Botsford on Sanitary Science."

Dr. Hingston, seconded by Dr. Ross moved in amendment, "That it be a suggestion to this association to consider the question of the advisability of having reports on special subjects to be suggested by the nominating committee. This amendment was lost, and the original motion of Dr. Grant, carried.

On motion, Drs. Forster, Hyde, Eccles Harvey, Healy, Stevens, D. M. Fraser, Swan and C. S. Moore were elected permanent members.

Dr. Playter then read a paper entitled "Remarks on Therapeutics and Materia Medica," in which he suggested more uniformity in the teaching and practice of therapeutics, and referred to the wide difference which existed among writers and practitioners in reference to the action of drugs.

The auditors reported having found the treasurer's books and vouchers correct, and a balance on hand.

Dr. F. W. Campbell then read a paper on "Duodenal Ulcer," upon which Dr. Osler, who had made the post mortem made a few remarks.

It was moved by Dr. Botsford "that whereas it is important to ascertain the influence of weather on health; whereas weekly reports from different sections of the Dominion are necessary, and whereas there are already meteorological observations collected, and whereas the printing of these cases by the government, and their *free* transmission through the post, will greatly facilitate the accomplishment of this hygienic measure. Therefore resolved, that the president and Drs. Robillard and Oldwright be a committee to bring this subject to the notice of the general government.

Dr. Hingston presented an able paper on "Lithotrity," recommending the crushing of the stone instead of using the knife. He exhibited several specimens of stone, one of which measured three inches in length, two and a half inches in width, and one and one-half inches in thickness. In the course of his experience he had only come across two cases that needed the practice of "Lithotomy."

The members of the association then proceeded to the Asylum for Insane where *lunch* was provided for them by Dr. Bucke, after which they visited the wards of the Institution.

AFTERNOON SESSION.

The President took the chair at 4.45 p.m. The minutes of the morning session were read and confirmed. Senator Carroll, M.D., of British Columbia, raised an objection to the non-appointment of Vice-Presidents for Manitoba, British Columbia and the North-west.

Dr. David, the Secretary, replied that gentlemen residing in those provinces had been notified of the existence of the Association, but had seen fit to take no notice of it, hence the non-oppointment.

Dr. Fulton, read a list, together with a short biography, of medical men who had died in the Dominion during the past year.

Dr. Tye, of Thamesville, read a paper on the Treatment of Post Partum Hemorrhage by Topical Applications," which was well received by the members present.

Dr. Ross, of Montreal, followed with a paper on "Dilatation of the Stomach treated with the Stomach Pump," giving a case which excited a feeling of deep interest.

Dr. Roddick, of Montreal, recited the particulars of a case of "Occipito-Meningocele," with treatment by elastic ligatures and seton. The discussion was interesting.

Drs. Gustin and Murphy were duly elected permanent members. Dr. Osler stated that not having proper light in which to exhibit the apparatus for estimating the hemoglobin of the blood, he would put it off till next meeting in Ottawa.

Dr. Hanson made a few interesting observations on the former endemic diseases of this locality.

It was moved that the General Secretary receive the usual honorarium, and be also allowed his travelling expenses.—Carried.

The Auditors moved a vote of thanks to the Treasurer, and that he be allowed his travelling expenses. Carried.

On motion, a gratuity of four dollars was voted to the janitor for his services.

Thanks were voted to the Grand Trunk and Great Western Railways for issuing tickets to members at a reduced rate. Thanks were also tendered the Committee of Arrangements, and to Dr. Bucke for his attention and entertainment.

On the motion of Dr. Hingston, seconded by Dr. Bucke, it was resolved, "that Drs. Mullin, Osler and Sloan be a committee to report at next meeting, upon the question of members fees, and the best means of publishing the transactions."

On motion, the President left the chair, and Dr. Bucke was called thereto, when Dr. Hingston proposed a vote of thanks to Dr. MacDonald for the able and affable manner he had conducted the meeting, which motion was carried by acclamation. Dr. MacDonald returned thanks, and the meeting adjourned at 6.50 p. m.

A banquet was held in the evening which was largely attended.

A. H. David, M.D.,
General Secretary,

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, OCTOBER 1, 1879.

HYSTERICAL MANIA IN ITALY.

By the polite liberality of the chief editor of the *Revista Sperimentale di Freniatria e di Medicina Legale*, an Italian periodical, we have been accorded the valued privilege of a mutual exchange of issues. The number now before us embraces the 1st and 2nd fasciculi of the 5th year, covering nearly 400 pages, presented on excellent paper, and in truly beautiful typography, issued quarterly. An introductory article, in memory of *Carlo Livi*, an eminent alienist, of which only the first part is given, extends over 16 prefatory pages. The articles which fill up the body of the Review are all of very high merit, and it would be very desirable that they should be carefully studied by all who are engaged in the specialty of mental therapeutics, or who may desire to obtain a competent acquaintance with legal medicine. We apprehend, however, that not many of the medical profession in America have devoted so much time to the acquirement of a knowledge of the beautiful language of Italy, as to enable them to read the productions of the able men, who, at the present day stand forth as brilliant exponents of these departments of medical science. The following details of an epidemic of hysterical mania, a translation of which into English has been kindly presented by a friend, may be found both interesting and instructive; they are as follows:—

"The District Authority of Tolmezzo, in his daily record of 11th of December, 1878, amongst other matters on which he gave information to the Prefect of Udine, makes the following relation: 'In obedience to official obligation, I have the honor to report that in the Commune of Verzegnis, and specially in the divisions of Chiaicis and Villa, within the last three months, about 40 persons of the female sex, of different ages, have manifested the so-called religious mania.' This announcement, presented in a public document, did not fall in vain under the vigilant and sagacious eye of our illustrious Prefect, who, apprehending the serious consequences which might ensue under an appearance so trivial, instantly despatched to the locality a prefectural delegate, charged with the duty of inquiring into the facts. This valuable functionary rendered a very elaborate detail of his researches, from which I (the editor of the *Revista*,) have made the following abstract, which may interest the public and science through the study of the epidemic treated of. 'About a year ago,' he writes, 'that is in the first days of November, 1877, there came to the parish church of Verzegnis to perform mission, a Jesuit of Gorizia—or at least one proceeding from there—by name Dr. M. F., who remained eight days, during which there was a continuous alternation of religious functions, with extraordinary devices which the Jesuits understand how to employ in order best to strike the imagination; besides preaching, meditations and instructions occupying the whole hours from dawn of day till noon. The result was, that all minds were more or less impressed and exalted; and there was a large concourse to the sacraments, for securing of indulgences adapted to their salvation from those infernal tortures depicted in such vivid colors, and presently many made their confessions. There had been in the above village and the neighboring one of Chiacis, a number of women affected with hysterical mania, one of whom had been so for several years. A tendency to this disorder seemed preferentially to predominate in these villages. The fact is, however, that after some months, in the succeeding spring, almost the whole of those affected became much worse, and several others were added to the number, chiefly from among the younger and more handsome portion, between the ages of 12 and 15 years. The malady manifested itself more or less uniformly in the following modes: There were two, three, and finally four accessions daily of the mania, more mild in the young and the older, but more severe and tending to furious mania in the full grown and strong, between the ages of 19 and 25. During the attacks they uttered senseless cries and shouts, and gave expression to the most obscene language that can be imagined, surpassing in character the most beastly used in

the country, and evincing the most vivid detestation and aversion of the priests, whom they designated with words the most foul and vituperative. They believed themselves damned and invaded by infernal spirits, and they would not suffer (a peculiarity strangely uniform in all,) to be called by their own names, evincing the highest rage if any one dared so to address them. Yet they still conserved sufficient discernment to comprehend what was said to them, and to reply more or less pertinently, though crookedly correlative to the questions. They always knew the persons who approached them, and exhibited a sort of *clairvoyance*, which consisted in predicting those about to enter the house, in divining their intentions, and what was passing in their minds; all which may be fully explained and understood, as the product of an exaltation of their intellect and their sensory organs, in affinity to that which is obtained by magnetism, but which in a credulous and ignorant population produces the conviction of the operation of some supernatural agency, due to the presence, in those affected, of wicked spirits. They craved, and relished in the most lively manner, the drinking of brandy, which, given in moderate doses, procured a momentary alleviation of the nervous spasm. After the fit passed of, nothing was discoverable in them which would lead any one who did not know the fact, to suspect that anything was the matter with them, and they even attended, as if quite rational, to their ordinary domestic work, and to outside occupations; but while they were suffering they knew nothing, and they afterwards had no recollection of what occurred in their fits. As has been said, the malady was developed in the past spring, and it was aggravated in those previously affected. The priests of the place were prompt to second the prejudices and superstitions of the poor and ignorant villagers, pressing in with the rites of their ministry for the exorcising of those affected, and driving out the diabolical spirits. They employed for this requirement, at the residence of each, in due form, and with ritual vestments, the consecrated formulas of the liturgy, offering prayers on the missal, sprinklings of holy water, and not omitting the application of sacred images and relics on the breast.

"But that which operated yet worse to excite beyond measure the fantasies, was the assembling of all one day in the church, to hear the mass, and witness the appropriate ceremonies of the exorcismal rite, whilst they were in their normal state, from which indiscretion a complete scandal ensued; for now even the calm became excited, several fell down in paroxysms, breaking out, in the very church, into their wonted bawlings and indecent words, and their vituperations against the priests.

"That which, however, sustains and favors this malady, besides extending it to others, is the continual contact of the sane with the diseased. The former run foolishly to witness every fresh accession. They flock in suffocating crowds to the houses of the affected, and confidential interviews with the male visitors are frequent. It is very pleasing, however, to record that unless in their words, the patients lose not their modesty. There was not evinced, nor did there take place, the least improper liberty with the young men. They indeed uttered obscene words, but as the impressions and not the expressions of erotism. I learned from the two priests, by their own admission, how much they had contributed to the evil, and I strongly urged them to desist from every further attempt at exorcism, and to adopt every possible means to suppress excitement in relation to this superstition."

The foregoing is but a meagre extract from the lengthy and able report of Dr. Franzolini, the officer deputed by the Government to enquire into this serious invasion of mental aberration. Notwithstanding Dr. F.'s injunctions, it appears from the sequel that the priests did not carry out his recommendations. The superstitious fanaticism finally culminated in a terrific outburst, which would certainly have eventuated in the sacrifice of the lives of parties regarded as the agents of Satan, had not the central authorities interfered, and sent a military force to restore order, by the removal of the affected women, 19 in number, to the insane hospital of Udine. It would appear that religious revivals are not peculiar to Protestant churches, but that, even in the end of the nineteenth century, the Catholic church is able to get up some, with very high steam power. It is worthy of note, as an instructive illustration of clerical self-complacency, that throughout the course of the epidemic the priests believed and taught that the vituperations uttered against them, were not the language of the patients, but of the devils which had taken possession of them,—a doctrine quite comprehensible to their flocks, who were convinced

that Satan hates the clergy, and flees from holy water. Doctor Tomaso La Vusca, physician to a convent in Palermo, clearly proved that the devil dreads even unconsecrated cold water, for, in a letter to Dr. Franzolini, he states that a few years ago he suppressed an epidemic of hysterical mania in the convent, by merely threatening a prolonged cold bath to every nun who might be seized with the malady, and if this should not suffice he would apply the actual cautery behind the ear—"*Era crude inverno.*" It was very cold winter, he says, and not another attack occurred. But had the dread of cold water failed, was Dr. La Vusca such a fool as to hope to frighten the devils with fire?

THE TORONTO SCHOOL ORGAN.

It is an old and very true saying that "misery likes company," and nowhere is it better exemplified than in the utterances of our cotemporary of this city, in its last issue, under the heading of "The Old Organ and The New." Our cotemporary already feels uncomfortable in its role of "school organ," and is laboring to obtain some consolation by endeavouring to place other and entirely independent journals in the same category with itself. The effort, however, to place the CANADA LANCET in the rank of school organs will fall far short of the mark, for it is too well known to the profession in the Dominion of Canada as an independent and impersonal journal to permit of such an idea being entertained for one moment. No mere school organ could ever hope to attain the circulation and influence of the CANADA LANCET to-day, among the profession in this country. The LANCET is the private property of one individual; and the only possible ground for the allegation that it is a school organ, is the circumstance that the Editor and Proprietor occupies the chair of Physiology in the Trinity Medical School. Even this fact is unknown to a great number, and never could have been gathered from the literary columns of the LANCET. This journal was projected in the interests of the general profession, and has always been conducted in a spirit of perfect independence; and whenever it is felt by the editor that his position in the school is incompatible with his independence as a public journalist, it will be time to consider the propriety of discontinuing one or other.

We do not care at present to enter into a controversy with the "school organ" in reference to our motives regarding increased territorial representation in the Medical Council of Ontario; we prefer to leave that issue to the good sense of the medical profession, and let our actions speak for themselves. There is one statement, however, in the article to which we have alluded, which is so very amusing that we cannot pass it over in silence. The organ says "there never was a body of men so much under the button-hole influence of at least one manipulator, and there is no man living who would be rash enough to guess what the curriculum might be next year if the present Council should survive the impending elections." To call this "sarcasm" would indeed be a misnomer. This statement of our cotemporary, though intended as a hit at some one else, applies in the most effectual manner to the President of the school of which it is the recognized organ, who, for several years past has been tinkering with the curriculum and examinations every session, until not even the omniscient executive committee itself could understand the regulations. For the first time, last session, this gentleman's manipulations failed to influence the council, and hence these lacrymose wailings.

ACQUITTAL OF EMILY H. STOWE, M. D.

Some considerable interest was excited in the trial of E. H. Stowe, M.D., of this city, charged with "having administered poisons, viz., hellebore and cantharides, and also a noxious thing, to wit, myrrh, to one Sarah Ann Lovell, with the intention of procuring a miscarriage of the said Lovell." It was shown in evidence that the girl had gone to Dr. Stowe to obtain medicine to bring on her periods; that Dr. Stowe at first refused, but as the girl threatened to drown herself unless supplied with the medicine, Dr. Stowe yielded so far as to give her a prescription copied from Ellis' Formulary, containing one ounce of tincture of myrrh, half an ounce of tincture of hellebore, and two drachms of tincture of cantharides, and directed her to take thirty drops three times a day in water. The girl took the prescription to Mr. Mitchell, druggist, got the medicine put up, and was seen taking it openly in the house where she was at service. This was in the month of May. In August the girl died

suddenly of congestion of the lungs, and at the inquest the above facts were brought out in evidence, and hence the present trial. In the evidence for the prosecution the medical testimony went to show that these medicines were injurious and likely to produce abortion in a pregnant woman, but that in the doses prescribed by Dr. Stowe, they would, in all probability, be perfectly harmless. It was a most unfortunate prescription, as Dr. Stowe admitted, taking the most charitable view of the case, and as no intent could be proved, the prosecution fell through, and the Judge (McKenzie) refused to let the case go to the jury. It was contended that there was no effort at concealment. Dr. Stowe handed the girl a prescription which she regarded as harmless, to make any use of she thought proper—a thing most unlikely if she had any criminal intent.

The ruling of the Judge in this case, in regard to the giving of a prescription is worthy of notice. The counsel for the defence contended that the giving of a prescription containing poisons to a person who applied for it, and afterwards purchased the medicine from a druggist (though it might be an offence in one way), was not an offence under this indictment. The Judge briefly reviewed the case, holding that there could be no offence in writing a prescription and handing it to a person, and there was no evidence to show that Dr. Stowe had told the girl to procure the medicine or to take it; and the jury must not forget that she had sworn that what she had prescribed for the girl was harmless. He therefore directed that a verdict of "Not Guilty" should be rendered, which was at once done.

THE CANADA MEDICAL ASSOCIATION.

The recent meeting of the Canada Medical Association, held in London on the 10th and 11th ult., a report of the proceedings of which will be found in another place, was a most successful and interesting one. The attendance was much larger than usual, and the papers read were of more than ordinary interest. It is to be regretted, however, that there was not more time and inclination for their discussion. In order that the papers read may be profitably discussed, it will be necessary in future to divide the Association into sections, as was done in Montreal in 1877—a section in medicine and another in surgery. This would give more time for the discussion of papers, and allow those who are interested in the reading of certain papers ample opportunity of attending and discussing them in one or other of the sections. A new feature in the proceedings of the meeting was a practical demonstration (in lieu of a paper), on the medical anatomy of the brain, by Dr. Osler, of Montreal. The brain was hardened by what is known as the process of Giacomini. of Turin, by means of which the organ is rendered firm enough to be handled, and looks like a wax model. By this process, the brain is first put into a 50 per cent. solution of zinc chloride, where it remains ten or twelve days. It is then placed in alcohol for ten days, after which it is immersed in glycerine with one per cent. of carbolic acid added. When sufficient glycerine has been absorbed, it is set aside to dry, and afterwards coated with gum-elastic varnish. He also exhibited Dr. Dalton's apparatus for slicing the brain. Some very fine water-color drawings of pathological specimens were also exhibited by Drs. Ross, Osler, Campbell, and others, which were much admired by the members present. Among the exhibitors of pharmaceuticals may be mentioned the firm of Wyeth & Bro., of Philadelphia, whose fluid extracts and other preparations were favorably noticed in our last issue. The social part of the arrangements was admirably carried out. The members were entertained at a magnificent lunch at the Asylum by Dr. Bucke, in the afternoon of the second day, and in the evening a banquet was given in the Tecumseh House by the profession of London, which was largely attended.

Newspaper Advertising Continued.—The latest victim of this advertising dodge on the part of editors and injudicious friends, is a medical man in Newmarket, Ont. We are informed by the *Era*, that "a Mr. Johnson is very ill, but under the skillful treatment of Dr. Scott, the disease has been broken up."

The Belleville *Intelligencer* of Sept. 23rd, also contains an account of "a very critical operation in surgery, recently performed by Drs.——, (two registered practitioners), in an adjacent village. It consisted in the removal of a *Myalord Tarcorna*, (tumor), five and a half pounds in weight, from the lumbar vertebræ, at the spinous processes." The

writer of the above puff, no doubt, did his work well enough, but the proof reader has made sad havoc of the technical terms. These efforts to obtain a little cheap notoriety through the local press, cannot be too strongly reprimanded.

PERSONAL.—Dr. W. T. Harris, of Brantford, leaves on or about the 1st inst., for New York, to take a special course in Practical Gynæcology with Dr. Paul F. Mundé, of Mount Sinai Hospital. W. W. Bremner, M.B., Trinity Medical College, has successfully passed the examination for the L.R.C.P., Edin., and has obtained the diploma of that body. D. W. F. Chisholm, M.D., of Nova Scotia, has also passed the examination for the double qualification of the Royal College of Physicians and Surgeons, Edin., and was admitted L. R. C. P. and L.R.C.S., Edin.

COMMUTATION RATES FOR 1880.—We beg leave to call attention to our *commutation rates* for 1880, to be found in our advertising columns. The facilities offered those requiring a number of journals are not exceeded by any publisher in Canada. We would call special attention to our commutation with the *London Lancet*, English edition, weekly, which we supply with the CANADA LANCET for $10, the actual price of the *London Lancet* to ordinary subscribers in Canada. Braithwaite's *Retrospect* as usual with the CANADA LANCET for $5, &c., &c. The pages of the *London Lancet* will be trimmed on and after January, 1880.

TREATMENT OF OZŒNA.—In the *Memorabilien* Dr. Dawosky describes his method of treating ozœna, which has been successful in his hands, as follows: He first removes all crusts, and then washes the cavity with a two per cent. solution of nitrate of silver. Every night he introduces into the nostril a tampon of charpie as thick as the finger, moistened with glycerine and dusted with powdered alum. This is removed in the morning, and the nostril washed out with a weak solution of permanganate of potash.

DISEASES OF THE EYE, EAR AND THROAT.—Dr. Palmer, who has been twelve years in general practice, and who has been pursuing the study of diseases of the eye, ear, and throat during the past two years in the hospitals of London and Vienna, has opened an office in this city, 31 King-st. west, for the practice of these specialties.

EDITORIAL CHANGES.—The editorial management of the *Canada Medical and Surgical Journal*, of Montreal, has recently changed hands. Dr. Fenwick, who has been the editor of the above journal during the last fifteen years, has resigned, and his place has been supplied by Drs. Geo. Ross and W. A. Molson. We welcome these gentlemen into the editorial ranks, and wish them every success in their new field of labor.

IMPROVED DOVER'S POWDER.—This consists in the substitution of potassium bromide for the potassium sulphate, and the addition of camphor in powder according to the following formula :—

℞	Pul. opii	grs. j.
	Ipecac	grs. ij.
	Camph	grs. iv.
	Pot. Bromidi	grs. xvi.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—The authorities of Bellevue Medical College have adopted the three years' graded course of study, and a matriculation for all candidates for graduation. These changes, adopted Sept. 8th, '79, will take effect for and after the session of 1880-81.

ALEXIS ST. MARTIN.—This man, who had a permanent gastric fistula, the result of a gunshot wound, and whose name has been made famous by the experiments of Dr. Beaumont, is still alive. He is residing at St. Thomas, Quebec, and is seventy-eight years old. The valvular opening in his stomach still remains.

BRANT COUNTY MEDICAL ASSOCIATION. — A meeting of the above Society took place in Brantford on the 2nd ult. The following gentlemen were elected officers for the ensuing year :—Dr. Marquis, President ; Dr. Dickson, Vice-President ; Dr. Harris, re-elected Secretary-Treasurer.

DISEASES OF THE SKIN.—Dr. Bulkley will give a course of 24 lectures on "Diseases of the Skin," in the New York Hospital, commencing Oct. 8th, 1879. The course will be free to practitioners of medicine and medical students.

CORONERS.—B. L. Bradley, M. D., of West Flamboro', has been appointed associate coroner for the County of Wentworth.

STATUE TO DR. LONG.—A statue of Dr. Crawford W. Long, the discoverer of anæsthesia, is to be placed in the art gallery at Washington.

DEATH OF CHASSAIGNAC.—M. Chassaignac, to whom surgery is indebted for the invention of the ecraseur, and for the introduction of the drainage tube into practice, died on the 26th of August.

Books and Pamphlets.

HEARING AND HOW TO KEEP IT, by Chas. H. Burnett, M.D., of Philadelphia. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson. Price, 50 cts.

This is the first of a series of small volumes on subjects pertaining to *Sanitary Science* and *The Preservation of Health*, written by *American Authors* of established reputation, selected with reference to their special knowledge of the subject from previous study or as private and public teachers. They are written from an *American standpoint*, with particular reference to climate and modes of life. The subjects selected are of vital and practical importance, and are treated in as popular a style as is consistent with their nature—technicalities of language being avoided. Each volume will be illustrated by engravings, when the text can thus be more fully explained to those not heretofore familiar with the structure or functions of the body.

A TREATISE ON THE DISEASES OF INFANTS AND CHILDREN. By J. Lewis Smith, M.D., Clinical Professor of Diseases of Children in Bellevue Medical College, etc., etc. Fourth edition, thoroughly revised, with illustrations. Philadelphia: Henry C. Lea. Toronto: Willing & Williamson. Pp. 758.

Smith's Treatise on Diseases of Children is not new to the profession in Canada, and no word from us is necssary by way of introduction to such an admirable work. The work is of a most practical character, and peculiarly suited to the wants of Canadian practitioners. It is one of the best works on this subject published. No one who reads it carefully can fail to profit by the fund of information and experience it contains.

SPERMATORRHŒA; ITS CAUSES, SYMPTOMS, RESULTS AND TREATMENT.—By Roberts Bartholow, A.M., M.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio, etc., etc., etc. Fourth edition, revised. Small 8vo. pp. 128. New York: Wm. Wood & Co.; Toronto: Willing & Williamson.

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashurst, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania etc. Second edition enlarged and revised, 542 illustrations. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

This volume contains everything of practical value in relation to the science and art of surgery. The The author has been at great pains to cull information from every source both home and foreign, and has added much that is new and useful to the present edition. He shows himself familiar with the progress of surgery both in Europe and America, and his enlarged experience has enabled him to utilize to the best advantage, the facts he has collected. The illustrations, which are numerous, and many of them original, are well executed, and the mechanical execution of the work is in Mr. Lea's best style. The work will not only form a valuable addition to the surgical literature of to-day, but also constitute a convenient book of reference to those whose opportunities are such as to prevent them having access to the larger works on surgery.

Dr. Wilkinson has resigned his position of Medical Superintendent of the London Hospital.

A CLEAR CASE.—A man was seized with a sudden illness, and called in his physician. The doctor suspected that his patient had been drugged, —*feared* the possibility of self-drugging with alcohol. He called in a brother doctor to aid in the diagnosis. Now it so happened that the patient wore one artificial eye. Dr. No. 2 examines the case carefully; lifts up the lid of the false member and remarks solemnly: "There is no action of the pupil; it neither contracts nor dilates; it is fixed; no drugs: *a clear case of drunk.*"

Births, Marriages and Deaths.

On the 10th ult., the wife of Dr. J. H. Burns, Toronto, of a son.

On the 21st ult., the wife of Dr. J. J. Cassidy, Toronto, of a daughter.

On the 26th ult., at Cape Vincent, Dr. Fairbairn, of Minneappolis, to Miss Sacket, daughter of Gen. Sacket, of Cape Vincent.

On Sept. 10th, at Woodstock, Ont., E. D. Ault, Esq., M.D., of Aultsville, to Elizabeth H., second daughter of James Girvin, Esq., of St. Catherines.

On the 18th ult., Hon. Senator R. W. W. Carroll, M.D., of Barkery, B.C.

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ANTISEPTIC SURGERY.—"LISTERISM."

BY W. CANNIFF, M.D, M.R.C.S., ENG., TORONTO, ATTENDING SURGEON TORONTO GENERAL HOSPITAL.

During the past years the subject of antiseptic surgery has engaged the attention of the profession very largely, and has been adopted by not a few, and also introduced into several hospitals. It has in fact attained to that position in the surgical world when it may be said to be the fashion.

It becomes my duty to offer some remarks upon this subject, and to point out what I cannot but regard to be fundamental errors in connection with antiseptic surgery as taught by Prof. Lister, or in other words *Listerism.*

In the first place we must clear the ground by making a broad distinction between true antiseptic surgery and Listerism.

That septicæmia may take place after injuries and operations is a well understood fact. That this may be prevented by certain modes of treatment, and by the use of certain agents is also a fact recognized by all surgeons. This treatment which will prevent septic poisoning of the system, and these agents which will accomplish that end are justly called antiseptics. Antiseptics are now employed very largely in all hospitals and by mostly every surgeon in practice; but at the same time, comparatively few believe in the peculiar doctrine propounded and urged by Prof. Lister and his disciples.

Let us now understand what is meant by Listerism, for Listerism and Antisepticism are not convertible terms by any means, although very many think they are.

Prof. Lister, accepting the theory that the air is inhabited by innumerable organic germs, asserts that these organisms are the cause of putrefaction, and that by excluding these, putrefactive changes will be prevented. He therefore directs all his powers to ward off from wounds caused by injury or operation, these ubiquitous and energetic, albeit invisible, organic entities, and claims that by so doing he not only prevents putrefaction, but suppuration, septic poisoning, and all the train of evils following. The doctrine rests upon the belief that decomposition of organic matter depends upon the presence of these bacteria; that when organic structure ceases to have life it will remain undecomposed unless operated upon by these germs. The theory seems beautiful; to some it is very attractive, in others it evokes the highest kind of enthusiasm. But, the thinking man, sceptics if you will, sees not a few difficulties in the way of accepting this doctrine and the rather burdensome practice based upon it. The obstacles exist both with regard to theory and practical experience. Bearing upon the subject, I will now bring before you a number of cases reported, by different eminent surgeons and then again, allude to the difficulties in the way of accepting Listerism as a scientific truth.

A case is recorded from Charing Cross Hospital of a woman who had a compound comminuted fracture of the ankle joint. "The wound was dressed antiseptically, and the limb placed on a side splint." This treatment was continued for ten days, when the antiseptic dressing was left off. "The discharge was profuse, and there was a good deal of bogginess about the adjacent parts. The surface looked foul and almost gangrenous." Poultices were then applied and after a fortnight the wound looked healthier.

Mr. Bryant and others, report cases of strangulated hernia, where operations were performed without antiseptic precautions and where the result was eminently satisfactory. The following case recorded by Dr. Fairbank of the Dancaster General Infirmary is highly instructive. A woman aged 42 had suffered from hernia for many years, which was very large. Laceration of the integumental covering suddenly occurred and the intestine protruded to the extent of at least 18 inches. In this state she walked some distance.

When seen by the surgeon the "surface of the gut was quite dry, and of a deep red colour. She was in a state of extreme prostration. Having

* Extract from the report on surgery submitted to the Canada Medical Association, Sept. 10th, '79.

given some brandy the wound was enlarged and the gut replaced in the sac, and the edges brought together with a silver wire. Cold water dressing was applied and 30 minims of Tr. opii given. The next day she had greatly improved in condition. The wound healed by first intention, and she made a rapid recovery without a bad symptom."

Mr. James Brown Hargreaves, F.R.C.S., Edin., records a case of ovariotomy. The tumor filled the whole of the abdominal cavity. The operation was performed without antiseptic precautions. The tumor was multilocular, and was adherent to the abdominal parietes and to the omentum, which adhesions were broken down with the finger. The pelvis was sponged out, and the edges brought together by thick silk sutures passed through the whole thickness of the abdominal walls, including the peritoneum. Patient was wrapped in hot blankets. On third day, note says, "Wound dressed; no pus, and appeared to be uniting by first intention in the greater part of its length." The next day a pad of lint wrung out of solution of carbolic acid lotion was applied. But this could not be called Listerism. In 24 days she was dressed and sat up, and in 32 days after the operation she was able to go about her household duties.

Dr. Walshe, of Edin., gives an account of a case of ligature of the femoral artery for aneurism with catgut ligature. He says it was not applied under the spray, but carbolic lotion was applied in the dressing. "Complete union by first intention followed, and the patient was completely cured on the tenth day after the operation." A second case is also given of the same kind of operation, and he remarks, "The material used in this case was carbolized catgut, without any other antiseptic treatment. The wound healed by the first intention."

Dr. Geo. Elder, Surgeon to the Nottingham Hospital, gives a case of herniotomy. The wound was washed out with carbolized water; but there was no spray or antiseptic gauze. Silk sutures and a compress with strips of plaster and an arnica bandage constituted the treatment. On the fourth day union by first intention had taken place.

Dr. Morton, of the Glasgow Royal Infirmary, tied the external iliac artery for aneurism of the femoral and popliteal. An ordinary silk ligature was used and cut short; silver sutures were used, and a pad of lint applied. "The wound healed completely by first intention. and at the end of a week was quite sound, no pus formed, and the slight serous discharge was odorless." He concludes the account by saying, "It may interest many to notice that the ligature remains enclosed, and that no antiseptic of any kind was used except the blood."

From Paris comes an account of a case of a young man who from a long walk and sleeping in the snow, and from exhaustion, had gangrene of both legs. Amputation of both limbs was performed at the thigh at the same period. "A great quantity of reddish-brown liquid escaped upon section of the tissues. The two stumps were dressed with lint dipped in camphorated alcohol." On the eighth day "union had taken place to a great extent."

Dr. Jonathan Hutchinson, F.R.C.S., records two cases of compound fracture of the femur treated by lead and spirit lotion, which healed without suppuration. One was a very severe injury, the bone being comminuted just above the knee joint, and a considerable fragment requiring removal. Also a case of "compound fracture of the humerus just above the elbow, the lower fragment being split vertically. The joint was opened and synovia escaped. The wound closed without the slightest suppuration." He further speaks of "two other cases of compound fracture of the femur, one of them attended by large effusion of blood into the limb, have done equally well under the same treatment."

Many other cases might be adduced to show that the most successful treatment of wounds of all kinds can be secured without the aid of Lister's antiseptic paraphernalia; but I will content myself by bringing before you the teachings of one of the most eminent surgeons of England.

Mr. Samson Gamgee, surgeon to the Birmingham Hospital, is one of the most devoted surgeons of our times; a careful observer, a candid and unprejudiced investigator, and ready to recognize scientific truths wherever found. Allow me then to read to you some extracts which have a most important bearing upon the subject of Listerism. In a clinical lecture on wound treatment by dry and infrequent dressing, rest and pressure, he commenced by saying—"The majority of wounds heal rapidly and painlessly under dry and infrequent

dressing, uniform gentle pressure and absolute rest." He adduces a number of cases in proof of this statement, a few only of which I can give and that in a brief way. A labourer, aged 21, with a punctured and contused wound on the inner side of right patella. The wound was round and jagged, capable of admitting the tip of the index finger. It was an inch in depth. The whole knee felt hot and looked puffy. It was caused by an iron bar striking the part with great force. He had walked a distance of half a mile and then rode in a cab. A pledget of lint soaked in styptic colloid was placed over the wound, over it a dry gauze and tenax pad, and the limb, enveloped in cotton wool, was immobilized from the toes to the hip with pasteboard splints and compressing bandage. The apparatus was opened on the 6th day; the swelling had all subsided; the skin was of natural colour; about half a drachm of pus was wiped off the wound which was found to be granulating. A dry gauze and oakum pad was then applied and remained for six days more, when there was found a trace of pus, and the wound was nearly healed. Four days later the cicatrix was solid and joint perfectly moveable and painless. Another case where the tendon of quadriceps extensor cruris was divided; the intercondyloid space exposed, and a finger could be passed underneath the patella. The wound was brought together with silver sutures and treated as the former. The wound was exposed on the 9th day, healing was then perfect. On the 30th day he was discharged with the function of the joint perfect. He also gives a case of severe contused wound of side of head, in which the ear was almost severed. Treated in the same way with drainage tube, healing took place without suppuration.

These are very instructive cases, as showing the true principles of surgery applied to practice. But I have something still more important to give.

Dr. Gamgee excised the right elbow joint in two cases, treating the one strictly on Prof. Lister's plan, the other by dry dressing, gentle pressure and absolute rest. In one case the skin was unbroken, in the other a sinus led down to a suppurating joint. The latter he took for the dry dressing, as its condition is not looked upon as a favorable one for the antiseptic method. This patient was also a weaker man. The state of the parts admitted of his removing as nearly as possible, the same amount of the three bones in both cases. In the dry case he carefully abstained from wetting the wound. The subsequent treatment was directed to secure rest, drainage and pressure. In the case treated according to Lister's plan the utmost care was taken to carry out his teachings. by washing the limb with carbolic water before the operation, by washing the hands with soap and carbolic water; in cleansing the sponges, soaking the instruments, using the spray, which acted well; using the protection gauze and so forth. The subsequent dressing was in accordance with Lister's plan. As Prof. Lister had only a short time before visited Dr. Gamgee and demonstrated his method, it is not likely that there was any failure in carrying out fully the plan laid down by Lister.

The dry case was dressed four days after the operation, when it was found that four fifths of the wound was healed. "Although the dry rest man was nervous and comparatively feeble, he was in comfort by day and had good sleep at night, while his more plucky companion suffered a great deal of pain in the arm, greatly intensified at each dressing. The head and forearm of the former have all along been pale, cool and shrivelled; of the latter he says it was puffy, pink and shining during several days." Both the temperature and pulse of the one treated by the dry rest method were markedly lower from day to day. Dr. Gamgee remarks as follows, "a system of treatment which requires that whenever a discharge is seen to come through the dressings, these are to be changed under the carbolic spray, is opposed to the great principle of local and constitutional rest, subjecting the patient to a great deal of pain and the surgeon to a great deal of trouble."

As before stated the objections to Listerism are on theoretical grounds, and the erroneous and troublesome mode of practice it entails, causing the surgeon to give attention to points of a trivial nature to the exclusion of sound physiological and pathological practice. I take exception to the doctrine that decomposition depends upon the energy of bacteria, and unhesitatingly assert that there is no proof of this declaration. It seems to me an extraordinary belief that because low forms of life are found feeding upon decomposing organic matter that therefore they are the cause of decomposition. As well might the crow be credited with having caused the death of an animal because

it is found feeding upon the carrion. Prof. Lister entirely ignores the chemical and physico-chemical laws of nature. But, while the body and the individual tissues have life, they are under the government of vital laws; and when life departs they come under the power of natural physical laws. Decomposition of dead organic matter is as natural as decomposition of rock under the influence of the sun, air and water, or iron exposed to moist air, or ice to the sun. When our bodies die, decomposition soon begins to take place, unless prevented by certain chemical agents or conditions of atmosphere. The skin of animals are converted into leather and prevented from decomposing by certain chemical agents and processes. When we have a contused wound and some of the tissue is crushed to death it must decompose and it must be sequestrated by a process akin to the inflammatory. In an incised wound, or after an operation, if the liquor sanguinis which is poured out, is not removed the organic portion will also decompose. The pus cells when elaborated will after a time cease to have life and will also decompose. Now decomposition may be noxious or innoxous. This depends upon certain chemical conditions, as well as the previous healthiness of the organic material. We all know that fresh meat will keep a long time in winter, and soon spoil in summer. We know also that a moist and heated atmosphere will hasten decomposition. The more rapid decomposition is, the more it partakes of the putrefactive character. Bearing these well known facts in mind we have no difficulty in understanding why putrefactive decomposition so readily takes place in wounds when they are covered up by numerous bandages and lint as was formerly the case. The heat and moisture from the body favours it, the pent up air, soon deprived of all oxygen promotes it. But a wound purified by washing, and the tissues vitalized by the access of pure air, is not likely to be the seat of putrefaction.

But there is another difficulty in the way of accepting Listerism as a scientific doctrine. No surgeon of any experience has failed to have cases, in which putrefaction took place beneath the skin, where the atmosphere did not reach. Putrefaction then can and does take place without the presence of air. If it can occur at all without the air furnishing germs to cause it, by what process of reasoning can it be concluded that their presence is necessary at all. But it is said, I believe, by some Listerites that the bacteria reach the part where putrefaction occurs, by the way of the blood, although I heard Prof. Lister deny such a possibility. If, however, the bacteria can reach a part which has been bruised, by an internal route, why should the surgeon attempt to create a barrier to their entrance by the external wound? The absurdity of this naturally made Prof. Lister unwilling to admit that bacteria did or could operate by way of the blood. However, we are confronted with the declaration of experimenters quite as capable as Prof. Lister, that bacteria are found in different parts of the body and in the blood.

On the contrary, we are confronted by the fact, that the practice according to Lister is often very successful. We are all familiar with the fallacy contained in the words, *post hoc ergo propter hoc.* We also are aware of the fact that the practice of medicine according to Hahneman is often successful. Indeed when homœopathy first attracted the attention of the public, its success was often very remarkable, and it led the profession to consider their mode of practice. The result was they found that they were using drugs too largely, that nature, if let alone, was in a large number of cases able to effect a cure. Not only that, the profession learned that the medicines they used often interfered with the salutary efforts of nature. So that while they saw the absurdity of the doctrine of homœopathy, they learned a valuable lesson. In like manner surgeons may learn a lesson from Listerism. Not that scientific surgery had no other way of acquiring a knowledge of the essential elements in the treatment of wounds. The careful student of Sir James Paget, and of Prof. Bilroth, will have no difficulty in learning the true principles based upon the workings of nature, in connection with external injuries and the inflammatory process. And any one who has properly examined the teachings of the late John Hilton in his lectures on "Physical and Physiological Rest," cannot fail to perceive the fundamental principles of scientific and successful surgical practice, without importing visionary views of external influences through air germs. Unfortunately the modesty of these master teachers did not allow them to disseminate their views by missionary journeys to different parts of the world They did not make a point of indoctrinating young students and sending them forth with the enthus-

iasm of neophites. Had the profession fully understood their scientific teachings, and cast away the improper and too often injurious surgical appliances of a quarter a century ago, and adopted a line of treatment in harmony with scientific teachings, there would have been little chance for the aggressive assumptions of Prof. Lister.

But before closing, I must refer to an admission made by Prof. Lister himself. Mr. Gamgee speaking of a lecture delivered at Birmingham by Prof. Lister, says the title of that lecture was, *On the healing of wounds without antiseptic treatment*, and that he did not question the reported recoveries after wounds into joints and amputations under dry treatment and in frequent dressings, rest and pressure. But his reply was, "that the healthy living tissues have the power of preventing the development of bacteria in their vicinity." Mr. Gamgee without using strong words, then shows the absurdity of Listerism by remarking, "Since the great majority of wounds, whether inflicted by accident or by the surgeon's knife, are in healthy tissue, the development of bacteria need not be feared. Life resists putrefaction. Preserve and utilize the resources of life, and you will have the benefit of its powers in your surgical work. You will secure nutrition and repair, and under the circumstances mentioned, have very little need to urge war of extermination against atmospheric dust." Mr. Gamgu, wishing not to be too severe on his former fellow pupil, says that in wounds not healthy, and in diseased joints, and chronic abscess, not improbably Lister's treatment may be beneficial; but he adds, "for the great mass of surgical cases, for the treatment of wounds in every day life, and in the work shop, at the pit's mouth, and on the battle field, the requisite knowledge is old and sound. Much of that knowledge has never been sufficiently appreciated, no small part of it has been forgotton." "Theories and systems are what you have to avoid. Facts and their strict interpretation are what we have to search after." The *London Lancet* in reviewing Mr. Gamgee's lecture makes the following appropriate and significant remarks. "In these days of elaborate and complicated specialization in operating and in dressing wounds, it is positively refreshing to be assured by an experienced practical surgeon, that dry and infrequent dressings, accurate adaptation of the lips and surfaces of the wound, gentle compression, efficient drainage, complete rest, accurate support, ordinary cleanlinesss, and proper care and attention have not lost all their virtue in the treatment of wounds."

It will be observed that Mr. Gamgee advocates very strongly the dry-dressing for wounds; but while in many cases it is preferable because of the continuous rest which it insures of the part, there are some cases in which water-dressing should take the place of dry-dressing. When some of the tissue has been crushed to death, and must be sequestrated and cast out, it is of the first importance that the wound should be from time to time washed out. Constant application of water will secure cleanliness; and if this can be done without destroying the part and causing pain, the healing will proceed as rapidly as can possibly take place. The extent to which bruised tissue can be restored to health when not disturbed by frequent dressing is sometimes marvellous. When, however, the tissue is dying in considerable mass, it becomes necessary to keep the wound open to prevent absorption, and permit cleaning.

Prof. Erichsen wisely remarks in a recent communication:

"Wounds cannot be "cured," but they will heal readily enough if not tormented by injudicious surgery. Drainage alone is all that is needed to place most wounds in the most favourable condition for healing. And methods of the most opposite character appear to owe their success to the fact of drainage being the one essential element that is common to all. The 'antiseptic' method in which every germ is vigorously excluded by clouds of spray and multiplied layers of gauze, and the 'open-air' method, in which a wound is left open to all that the atmosphere may chance to deposit upon its surface, differing as they most absolutely do, in the theory on which each is founded, appear, in many operations at least, to be about equally successful in practice. This success would seem to be due rather to the one condition which is common to both—perfect drainage—than to those in which they are so dissimilar. For whether drainage be effected by a tube, or by the free escape of fluids without the use of an instrument, matters nothing, provided always that it be complete."

NOTE.—When this paper was prepared, an account of the meeting of the British Medical Association at Cork, had not reached this country; or I should not have felt called upon to speak on behalf of

the rational surgeon as opposed to Listerism. For at that meeting Mr. Savory in language at once forcible and clear, exposed the absurdities and evils of what he designated the Listerian plan of treatment. And if any one is in doubt regarding the falsity of Listerism as a doctrine, let him read Mr. Savory's address on the Prevention of Blood Poisoning in the Practice of Surgery.

THE TREATMENT OF POST PARTUM HEMORRHAGE BY TOPICAL APPLICATIONS.*

BY GEO. A. TYE, M.D., THAMESVILLE, ONT.

The treatment of post partum hemorrhage is a subject that always secures attention in any assembly of medical practitioners, and rarely fails to call forth discussion that elicits valuable suggestions. This fact is my warrant for offering this short paper.

I shall present the opinions of a few leading authorities and relate two cases recently treated by myself by topical applications. The chief effects sought are, to excite uterine contractions, or produce a hemostatic effect in the mouths of the bleeding uterine vessels, or a combinat.on of both these effects. The principal means of effecting these are :—1. Introduction of the hand into the uterine cavity. 2. Introduction of cold in the various forms. 3. The application of electricity. 4. Injections of irritant fluids as whiskey, vinegar, &c. 5. Particularly the injection of tincture of iodine. 6. Solution of the styptic salts of iron. 7. Hot water. The use of the hand in the uterine cavity and the internal application of cold, are old, and well tried remedies, that enable the accoucheur to control the majority of cases after all extra-uterine means may have failed, or have proved themselves too slow to meet the emergency in time. These valuable and ready methods are beyond discussion. Electricity is rarely available and not to be depended upon. The injection of whiskey, vinegar, tincture of iodine are of some value. Yet it is the two last mentioned agents that I desire to examine, namely, the solution of the styptic salts of iron, and hot water.

That able obstetrician, Dr. Robert Barnes, was, I believe, the first to use the iron salts, and thereby made a most valuable addition to the obstetric art. Yet its use has engaged the most earnest attention of the profession to the present day. It has not yet been decided that it is safe enough to be generally useful. Certain it is, that it does not fill all our requirements, and we are still in search of something that shall be at once powerful and safe. Cases are reported from time to time, detailing the success of the iron injections in meeting this appalling condition when everything else has failed. Other observers equally able, state that ill effects frequently follow the practice, and therefore decline to use it. None deny its great power and ability to control almost any case of post partum hemorrhage. In this respect it ranks second to no other agent. Dr. Barnes recommends the liquor ferri perchloridi P. B., one half pint to three and a half pints of water, or 1 in 8. He directs to first thoroughly clear the uterus of clots. Be sure the syringe is entirely free from air, then carry the nozzle of the syringe to the fundus of the uterus and slowly inject the fluid. He says he has used it for years and that it is perfectly safe—the only accident likely to occur being the introduction of air into the uterine sinuses.

Dr. Barnes classifies the subjects of this treatment as follows :—Those who fully recover ; those followed by phlegmasia dolens ; and those who die but were moribund before its use.

At a meeting of the London Obstetrical Society in 1873, this treatment was under discussion. Drs. Cleaveland, Wynn, Williams, Braxton Hicks and Tyler Smith endorsed the iron injections with only slight qualification. Dr. Playfair thinks the chief danger may arise from the retention of hardened coagula. In his recent work on obstetrics, he says—" Supposing all other means to have failed, and the uterus obstinately refuses to contract in spite of all our efforts, and do what we will cases of this kind must occur, the only other agent at our command is the application of a powerful styptic to the bleeding surface. The experience of all who have used the injection of the solution of the perchloride of iron in such cases proves that it is thoroughly effectual, and its introduction into practice one of the greatest improvements of modern midwifery."

Dr. Steele of the Liverpool Lying-in Hospital, reports a number of cases treated in this manner, terminating favorably. In the hospitals of Vienna it has been used extensively with good results. On the other hand Dr. Heywood Smith reports a case where death followed its use, and he believes the death was due to the injection. Dr. Snow Beck

*Read before the Canada Med. Association, Sept. 10, '79.

says he has made post mortem examinations of these cases, and from what he observed the treatment is far from innocuous. He also stated that he had known eight or ten deaths from the use of the iron. Dr. Routh says that he had a case of post partum flooding, in which Dr. Barnes was called who used this styptic ; the patient died and Dr. Routh believed it was caused by the treatment received. In the Dublin Journal of Obstetrics for 1874, Dr. Evory Kennedy says—" I do not consider its use innocuous. I have traced several deaths to its use ; I would only use it as a last resort."

Professor James P. White of Buffalo, in an address before the American Medical Association in 1877, says, " Much attention has, during the past year, been bestowed upon the treatment of post partum hemorrhage. In relation to the injection of a solution of the salts of iron into the uterine cavity, although the subject has secured a large share of attention in the obstetrical societies of Great Britain and in this country, no conclusion has yet been reached. Barnes and his followers are very sanguine in the belief that the iron may be safely injected into the organ, and that it will control the hemorrhage ; whilst others are of the opinion that hard coagula are formed in the uterus, the hemorrhage by no means always checked, and the patient exposed to the dangers of thrombus and septicemia. The matter is still *sub judice*."

Two years ago the following case occurred in my practice when I was obliged to use intra-uterine injections. Mrs. F. æt. 38 years, of slight form and subject to excessive hemorrhages at parturition, had advanced to the eighth month of her seventh pregnancy. On rising hastily from a hearty dinner, felt a sudden gush of blood, followed in a few minutes by labor pains. On my arrival an hour afterwards, I found the os would just admit the finger, the placenta presenting and pains occurring every ten minutes. My patient was greatly alarmed and much exhausted, I plugged the vagina, and gave large doses of ergot. The pains increased, and my patient improved from the administration of whiskey and milk. The tampon appearing at the vulva I removed it, and with the finger still further dilated the os. It was my intention to perform version, but the placenta was immediately born, the head of the child presented at once, and the child being small it soon came without any interference. Whilst dilating the os the hemorrhage was very severe. When the child was born there was no uterine contraction, but a considerable flow. Ergot was given in large and repeated doses ; brandy given freely. Still my patient bled ; cold was applied externally ; external pressure ; ice to the uterine cavity was tried, and finally large doses of acetate of lead, but all without avail. I now took a pint of whiskey, and with a Davidson's syringe slowly injected it ; the effect was instantaneous. The bleeding ceased at once, and the patient revived. In about twenty minutes however, the effect ceased and hemorrhage returned. The injection was repeated but the effects were temporary and finally ceased to be of use. I had sent for perchloride of iron which I at once proceeded to use, one in seven of whiskey. The effect was immediate and most marked. The appearance was that of intense shock. The already pallid face was whiter ; the features shrunken and pinched to an extreme degree ; suspension of respiration occurred for seconds ; dissolution seemed imminent. In half an hour the patient had rallied to her former condition. The hemorrhage never recurred although only an ounce of the injection was used ; she survived about four hours. Everything was done to restore excepting transfusion, which I was not prepared to do. While I respected the hemostatic power of the iron, I feared its other consequences. I should have used hot water injections but I had no faith in its power to arrest post partum hemorrhage.

Dr. Playfair in his work on obstetrics says :— " Of late intra-uterine injections of hot water at a temperature of 110 to 120° have been highly recommended as a powerful means of arresting post partum hemorrhage, often proving effectual when all other treatment has failed. The number of published cases in which it has proved valuable is now considerable. The present master of the Rotunda, Dr. Atthill, has recorded 16 cases in which it checked the hemorrhage at once after ice, ergot and other means had failed. He says, my own experience is limited, having employed it in only two cases, in which I must say the result far exceeded my expectations. We have in the hot water injections a valuable addition to our methods of treating uterine hemorrhage."

In the New York *Medical Record* for May, 1879, the resident physician of the Woman's Hospital of

Philadelphia, reports a number of cases successfully treated by the hot vaginal douche. In the *American Journal of Obstetrics* for 1876 the assistant surgeon of the New York Woman's Hospital strongly advocates the use of hot water injections, and cites several cases in support of its value. Dr. Emmet of this same hospital, in uterine operations controls hemorrhage with hot water injections in many cases. In the *London Lancet* for Aug. 23,'79, Dr. Arthur Perigul reports a severe case of flooding in abortion. The os would not admit the finger, the hot water injections not only stayed the flow but dilated the os so that the finger could be introduced and the placenta removed. In the *American Journal of Obstetrics* for April last, there are some abstracts from the German Archives of Gynecology, detailing experiments upon rabbits, conducted by Dr. Max Runge. Water was injected into the uterus of the rabbit at 122° Fah.; this caused vaginal contraction of the uterus. He observed that the hotter the water the more vigorous the contraction, but the duration of the contraction was correspondingly shorter. A still higher temperature destroyed entirely the contractility of the uterine fibre. Max Runge makes this deduction from his experiments "In case of uterine hemorrhage dependent upon atony of the organ the injections of hot water are a most powerful and reliable means to excite contractility of the uterine muscles."

I now relate a case of severe post partum flooding, occurring in my practice about a year ago. Mrs. P., æt. 35 years, confined at full time of her third child. She was a small, delicate, pale woman; her previous history not assuring, having suffered in her former accouchements from excessive flow. I found the os well dilated and all normal. In 1½ hours the child was born. Half dr. fld. ext. of ergot was given and gentle pressure maintained over the uterus. No pains occurring, after a lapse of half an hour I gave brandy; a slight pain soon followed, crepitation was felt under the hand, and the placenta came away. It seemed to me to be a very small one. However, moderate contraction following I proceeded to apply the binder. I observed that the hemorrhage reappeared briskly. I then gave ergot, applied cold externally, and examined for clots, when I found scatted masses of attached placenta. These were carefully and thoroughly removed. The stimulus of the hand in the uterus caused slight contractions, yet the flow was alarming. My patient, although hopeful and courageous, began to feel faint and could not see well. My experience with the whiskey and the tincture of iron made me feel the weakness of the one and the danger of the other. All other means being exhausted I resolved to try hot water, and to each pint I added an ounce of powdered alum suggested to me by seeing some lying on the table. The usual precautions about air being taken, I slowly injected into the uterine cavity until a pint was used; the flow ceased instantly without pain or shock to the patient, or any signs that air had entered the sinuses. Hemorrhage reappeared at intervals, but the syringe being left in situ and hot alum water in readiness, the injection of a few ounces checked it at once. This patient made an excellent recovery. I was very favorably impressed with the action of the hot water compared with that of the iron, and shall return to its use with confidence when occasion may require. My fellow practitioners who have used hot water speak favorably of its action.

From a study of this subject, from the evidence afforded, and my own experience, I have reached the following conclusions:

1. That we possess two powerful topical remedies for post partum hemorrhage.

2. That the iron is the more powerful to control hemorrhage, but by far the more dangerous one.

3. That hot water is nearly equal in hemostatic power and without danger.

4. That we are rarely justified in using the iron before the hot water has been tried.

5. When the hot water fails it is the *duty* of the accoucheur to use the iron.

6. The hot water has these advantages over the iron; it can always be procured; it washes away all clots, leaves the uterus clean and therefore no danger from thrombus or septicæmia.

7. Alum is a valuable addition to the hot water, securing two forces, viz: the contraction of the uterus and the coagulation of the blood.

8. That we have not yet reached perfection in the treatment of the hemorrhage, and that abundant ground is open for observation and research.

In conclusion although we may not rest, we may be thankful that obstetrics is advancing. The use of the forceps is no longer empirical but rational,

and the increase of their use is causing a decrease of mortality. That in the last twenty years the death rate of puerperal convulsions has fallen from 32 to 14 per cent, and that post partum hemorrhage has lost half its victims.

ANTIDOTAL PROPERTIES OF NITRITE OF AMYL IN CHLORAL POISONING.

BY JAS. MCCULLOUGH, M.D., ROCKWOOD, ONT.

Owing to the frequent administration of chloral as a hypnotic, both by the profession, and as a domestic medicine, and to the occasional unpleasant symptoms which manifest themselves after its use even in moderate doses, I have thought that the following case might not be uninteresting.

Mrs. D., æt. about 60 years, has been laboring under a mild form of dementia for a long time. The principal delusion by which she is haunted is, that her husband, a very harmless, inoffensive man, wants to kill her. She is occasionally free from these impressions for a month or more, but when they come on, she is very excitable, and gets but little sleep for weeks at a time. Her friends applied to me about two months ago, for something to enable her to sleep. I accordingly prescribed a mixture, each dose containing ten grains each, of pot. bromide and chloral, to be given every half hour at night, till three doses should be taken if required. This enabled her to get some sleep for a few nights, and she seemed to be about as well as usual. Was asked to prescribe for her again, on Sunday 28th September, with the urgent request to make the mixture "a little stronger." This time I ordered 15 grs. each of pot. bromide, and chloral, every half hour at night, till three doses were taken, if required.

Sept. 30th.—2 p.m. Was sent for in a great hurry to see her, the messenger stating that she was dying. On entering the room, I supposed from her appearance that she *was* dead, as there was extreme pallor of surface, and no observable signs of respiration. On examining the wrist however, I found a pulse of moderate volume and tension; the pupils were much contracted. I tried to rouse her, but found her profoundly insensible; tickling the soles of the feet did not excite reflex action, nor did the finger placed on the eyeball cause any attempt to close the lids. On enquiring how much of "the mixture" she had been taking, I was told that a dose had been given at 7 a.m., and about *half* a dose again at 11 a.m., but as she had got out of bed whilst her daughter was out-side, I felt satisfied that she must have taken a large quantity herself, as the bottle was found to be empty.

Having read an article by Dr. Coghill, copied from the *Brit. Med. Journal*, in which nitrite of amyl is highly spoken of as an antidote for chloral poisoning, I determined to give it a trial. I accordingly put 5 drops on a handkerchief and held it to the mouth and nostrils; in a few moments the extreme pallor gave place to a healthy glow, and the respiration which was before very superficial, became at once deep and full. In about half an hour after this, she turned partially over in bed, but could not yet be roused to consciousness.

4.30 p.m. Respiration again becoming feeble; pallor returning, and pulse much weaker; I repeated the inhalation of 5 drops of the amyl, with the same results as to the improvement of respiration. There was now a slight attempt to close the lids on touching the conjunctiva. Gave an enema of milk and whiskey (brandy not being at hand), and ordered some beef essence to be made, intending to use it by enema on calling again, should she not be able to swallow.

6.30 p. m. On being aroused she took a little beef-tea and spoke a few words quite cheerfully, but immediately dozed off again.

Oct. 1st. Found that she had slept all night, except when aroused to take a little beef-tea. Complains of headache, but is otherwise about as well as usual.

From the apparently satisfactory results in this, and the case above referred to, from the use of nitrite of amyl in averting the toxic effects of chloral, I feel inclined to think, that in it we have a valuable antidote, being easy of administration and prompt in its action, and would strongly recommend a trial of it in any case where alarming symptoms arise from the exhibition of the above mentioned drug. And although I am not aware of its being used as an antidote for similar symptoms arising during the administration of chloroform, I should judge, reasoning from analogy, that it might be useful here also, provided respiration were not entirely suspended; for the toxic effects of chloral are said to arise from the elimination of chloroform in the circulation.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—Referring to the letter of "Leonidas" in the September issue of your journal, I beg to make a few comments. The writer calls attention to the fact that the present Treasurer of the Ontario Medical Council abuses this position by unduly influencing students in favor of the School in which he is a lecturer. Even admitting that such may not be true, from the very fact that a number of persons believe this to be so, it strikes me that Dr. Aikins should no longer hold it, but that in his own interest he should resign. However much may be said in favor of, or against this accusation, it must be admitted that he *has the power* to favor his particular School, and this very fact should not be lost sight of by the next Council in making the above appointment, viz., that the position of Treasurer is not one that a teacher in any medical school should hold.

I am faithfully yours,

WILLIAM T. HARRIS.

Brantford, Sept. 27th, 1879.

GRATUITOUS SERVICES.

To the Editor of the CANADA LANCET.

SIR.—Please insert in the LANCET, the subjoined copy of a letter I received some years ago, when I was in my first year's practice, from an old and eminent surgeon who lived in an adjacent city ———, Iowa, U. S. By the publication of this, you would open the eyes of young practitioners to avoid thankless, gratuitous services.

"Blow, blow, thou winter wind
Thou art not so unkind
As man's ingratitude,
Thy tooth is not so keen,
Because thou art not seen,
Although thy breath is rude."

Yours, etc.,

M. D.

The following letter was received in reply to one asking the writer to assist in the case mentioned.

MY DEAR DOCTOR.—Yours was duly received, and in reply would give you a few words of advice, at which do not feel offended, being in a friendly spirit, and for *our* mutual good. Having in a long time of practice, both from choice and from necessity done a great deal of gratuitous service, amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. Those who pay nothing, always offset it by liberal abuse, which keeps away those who would pay.

The man you write about may be a very worthy man, but if you were making a struggle to build a house, would he or any one else work for you at reduced rates. It is the doctors themselves who allow their kind feelings to over-run their judgment, that are responsible for wholesale robbery to which every doctor in the land is subjected. We deal with the most afflicted, so does the undertaker who is not expected to work for nothing. We can maintain no rights that we weakly yield to extortion. The doctors are most universally regarded as rich persons who ride about for exercise, and practice for philanthropy, to be paid if everything turns out lovely; if it should not, they can go to the d——l, and must not complain. The people who pay are always grateful; the thieves are like other dead beats, abusive, and always the most exacting and querulous.

My fee for ——— is $150, and I do not want cases at that. The responsibility incurred is so very grave, and you or I or any body else should not shoulder extra responsibility without proportional pay. If he cannot pay for what might save a life, his friends or the public should. It is easier for the town to shoulder the cost than 2 or 3 poor devils who had the bad luck to study physic. Now or never is the time to put ourselves on a par with other business, and as we have the same losses, we must ask for the same gains.

Yours, etc.,

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Selected Articles.

INTRA-UTERINE MEDICATION.

[The following discussion on intra-uterine medication (*British Med. Jour.*) took place at the recent meeting of the British Medical Association, following the address by Dr. G. H. Kidd, Dublin, in the Obstetric Section.] Ed. Lancet.

Dr. W. S. Playfair commenced the discussion by drawing attention to the importance and interest of the subject, and insisted on the necessity of its careful study; since, like all powerful means of cure, it was capable when injudiciously used, of doing considerable harm; while in properly select-

ed cases, there were few methods of treatment of greater efficiency. He then gave a sketch of the conditions of the uterus which called for, or admitted, intra-uterine medication, describing briefly the pathological changes generally observed in the affected parts; and insisting on the fact that, in the absence of accurate *post mortem* investigation, we had to depend mainly on symptoms and on the results of treatment. In describing endometritis, he dwelt on the difference between cases occuring after pregnancy and in the sterile and unmarried. He then proceeded to discuss the various methods of intra-uterine medication; the advantages and drawbacks of each; and the various agents used for the purpose. He concluded by considering the possible bad effects that might follow intra-uterine medication, dwelling especially on the question of the effects of the treatment on childbearing; and maintaining that, so far as rendering the patient sterile, as had been argued, in properly selected cases it often had the effect of removing acquired sterility.

Intra-uterine Medication. By Lombe Atthill, M.D., (Dublin).—Dr. Atthill pointed out, in the first place, that the body of the uterus was the portion of the organ most frequently affected; and that the intra-uterine surface was specially prone to disease; and therefore that, to effect a cure, the part engaged should be specially treated. He next remarked that (excluding all cases in which tumours of the uterus or polypus existed, and those resulting from anæmia) it would be found that the symptoms indicating the necessity of intra-uterine medication were: 1. Derangement of the menstrual function, specially hæmorrhagia and dysmenorrhœa; 2. Uterine catarrh; 3. Pain especially that caused by pressing the point of the sound against the fundus; one or more of these being present. With respect to the method to be employed in carrying out intra-uterine medication, Dr. Atthill objected to intra-uterine injections, and found ointment inefficient. He employed the following agents only—the fluids being applied by means of a probe, around the extremity of which cotton was wrapped, and the solids through a tube or *porte caustique*: carbolic acid in solution; tincture of iodine; iodised phenol; nitric acid; solid nitrate of silver; zinc points; crayons of iodoform. Carbolic acid was the agent Dr. Atthill recommended for ordinary use, being at once safe and efficient. Iodised phenol he recommended in cases requiring more energetic treatment, but considered it inferior to nitric acid; this latter agent, he pointed out, should never be applied to the intra-uterine surface, unless through a canula or tube. This was a point on which he strongly insisted; and further, that the patient should be confined to bed for a day, or even more, subsequently; and he expressed his conviction that, if these precautions were adopted, no unpleasant results need be feared.

Intra-uterine Medication by Iodised Phenol.—By Robert Battey, M.D., (Rome, Georgia). The author said that, eight years ago, he was unfavourably impressed as to the results of intra-uterine medication by argentic nitrate and other escharotics. Seeking an eligible substitute, he discovered in carbolic acid a very powerful solvent for iodine; one part by weight of the latter dissolving perfectly in two parts of the former. This concentrated solution acts upon the tissues with vigour, and is employed to supplement the curette in attacking uterine cancer. For intra-uterine medication, a solution of one part of iodine in four parts of liquefied carbolic acid proved satisfactory, It had been used by Dr. Battey almost to the exclusion of other remedies. In February, 1877, it was brought to the attention of the profession through the *American Practitioner*, and is now very generally employed in the Southern States. The solution is applied to the interior of the uterus by means of slender elastic hard India-rubber probes, wound with cotton-wool. The solution is not diluted; but its effects are regulated: *(a)* by the size of the cotton wrapping; *(b)* by the depth to which it is carried into the uterus; *(c)* by the number of probes successively employed; *(d)* by the length of time the medicated cotton is allowed to remain in the uterus—*i.e.*, whether for a few minutes, or twenty-four or forty-eight hours. For the treatment contemplated, sponge and tangle-tents have been abandoned, and simple tents of soft-cotton wool substituted when dilatation is required. These have been found to be entirely free from accident. The results of the treatment are: 1. Perfect removal of cervical mucus; 2. Freedom from pain, due to the local anæsthesia produced by carbolic acid; 3. Rapid absorption of iodine into the circulation, evidenced by metallic taste in the mouth and throat; 4. Softening and dilatation of the cervix; 5. Temporary arrest of leucorrhœa; 6. Watery discharge, sometimes bloody; 7. Exfoliation of superficial layer of mucous membrane; 8. Healing of abrasions; 6. Disappearance of indurations; 10. Permanent arrest of leucorrhœa; 11. Removal of villosities without the curette; 12. Disappearance of subinvolution; 13. The menses become regular and healthy; 14. The appetite and digestion improve without medicine; 15. So freely is iodine absorbed, that alteratives are not required; 16. The form of the cervix and os are often completely changed, and assume even a vaginal type; 17. Stenosis is not observed in any case; 18. Barrenness is overcome. Rapid, and at the same time satisfactory, cure is not obtained, nor is it expected of any method of treatment known.

On Intra-uterine Medication. By E. J. Tilt, M.D. (London).—In the absence of information respecting the scope of the subject of discussion, Dr. Tilt understood it to refer to such intra-uterine

treatment as was required for the cure of internal metritis, or chronic inflammation of the lining membrane of the body of the womb. Long practice led him to know that internal metritis was a common disease, that it was present in all bad cases of inflammation of the cervix, and was often cured unawares by such treatment as restores the cervix to a healthy condition. He therefore asserted that there would be little need of intra-uterine medication if inflammatory disease of the cervix were properly attended to; and he mentioned having been able to cure fifty cases of marked internal metritis associated with cervical inflammation, without any other intra-uterine treatment than the keeping free of the cervical canal. Dr. Tilt admitted, however, that intra-uterine medication was wanted in the following cases: 1. Incoercible blood-loss, resisting all remedies and menacing life; 2. When life or reason is menaced by the intensity with which internal metritis reacts on the system, rather than by the amount of purulent discharge to which it gives rise; 3. When internal metritis causes an aggravated complication of dysmenorrhœa or menorrhagia independent of ovaritis, and menacing life or reason; 4. Membranous dysmenorrhœa; 5. In habitual abortion, independent of syphilis and ovaritis, and seemingly caused by some morbid state of the lining membrane of the body of the womb. When internal metritis led to dangerous flooding, and in cases of membranous dysmenorrhœa, Dr. Tilt recommended intra-uterine injections with undiluted tincture of iodine. He deprecated the injection of a solution of nitrate of silver in such cases, and in other cases of internal metritis requiring intra-uterine treatment, on account of the severe pelvic diseases and death which had succeeded. In such cases, he preferred to place in the womb five or six grains of solid nitrate of silver; but, as he had seen this followed by severe peritonitis, and as he knew this to have caused death, he expressed himself ready to welcome a better plan of treatment. Dr. Tilt reminded the Section that their President, Dr. Kidd, was the first who had the courage to swab a greatly enlarged uterine cavity with fuming nitric acid; and that Dr. Atthill had strongly recommended the same kind of treatment for the cases under discussion; and he asked them to state how often they had done so, and with what results, fatal or otherwise, in order to be able to decide whether their plan of treatment be not the best for such cases.

Dr. Gallard (Paris) said that, as a prelude to the discussion, and as a sequel to the important communications read, he had the honour of presenting to the Section two *brochures*, in which he had discussed the question. The first was entitled *Treatment of Internal Metritis*. He dealt therein with the various lesions which attack the interior of the uterine cavity, and which, therefore, required actual intra-uterine medication. He showed that cauterizations were of the first importance; and that, in order that they might exert their full effect, they must be applied in a fluid rather than in a solid form. He described the precautions necessary to avoid any unfortunate results. As regards vegetation of the mucous membrane, which could not be destroyed by the simple cautery, he pointed out those cases in which it might be useful to resort to the curette, by the aid of an instrument similar to that of Recamier. In the second pamphlet, he related a case in which such an application of the curette by M. Richet was followed by marked success. He would not speak of the operations on the uterine cavity for the removal of fibrous tumours, just described by Dr. Tilt; for it was in those cases that operative measures were commonly resorted to, and they were described in most standard works. He endorsed the operative methods recommended and carried out by the President.

Dr. Barnes (London) said they had now a body of evidence on this important point, of extreme value, having heard a series of papers from, he might say, the representatives of all the different schools. Dr. Playfair appeared to have omitted to estimate properly the value of work done long before he was known in the science of gynæcology. Thirty years ago or more, Dr. Tyler Smith published a book, illustrated by Dr. Hassall with some beautiful drawings, against the hitherto dominant doctrines respecting the interior of the cervix and the appearance of the uterus, with a view to put uterine anatomy on a physiological and scientific basis. He then showed, for the first time, that cervical leucorrhœa was a different and distinct affection from vaginal leucorrhœa. The method of intra-uterine medication which he (Dr. Barnes) had, by long experience, been brought to prefer was that of "swabbing" with cotton-wool dipped in medicated solutions. He had for many years used this appliance, and he believed that he was the first person who had contrived the probe now known as "Playfair's probe," which he had more than twenty years since. He had used the local "swabber" in the way in which it had since come to be generally adopted, so that instrument was not a novelty. By using a speculum in the beginning of a case, the probe could always be directed in the line of the uterus, and the hand could then be admitted as far enough back as was required. Im many cases, circumstances rendered the use of the speculum absolutely necessary. Another point was with reference to the inflammation of the parts, which was often found to be considerable; and the question arose as to the relative advantages attendant upon the use of leeches or scarification. Leeches would not bite when or where they were wanted; whilst, if scarification were adopted, the puncture could be made where required. The

inflammation surrounding the little glands was thus relieved at once. As to the choice between iodine and carbolic acid, he had used both with considerable freedom; and he considered that each had its advantages. As to iodised phenol, he could not speak of it from experience. Iodine was absorbed from the part to which it was applied, and it acted constitutionally as well as locally. He thought its application to be the most ready way of curing all uterine affections arising from syphilitic contagion. Dr. Tilt represented what used to be the accepted mode of treatment, which he had now, however, gone far beyond. So many men had followed intra-uterine medication with admitted success, that it seemed unnecessary to combat his objections. It should be remembered, in clinical practice, that metrorrhagia was more often the sign of uterine disease, in which respect it differed from menorrhagia, which arose more ordinarily from constitutional causes. He did not encourage the use of nitric acid, but he used it pretty freely in many cases, sometimes as often as two or three times a month, and saw no bad effect from it. In fact, he looked upon it as harmless when applied as recommended by Dr. Atthill. It was the most superficial caustic that could be had, unless applied very strongly. He hoped that the discussion would lead to a proper understanding of those cases in which intra-uterine medication was considered to be necessary; and he believed that, if the surgeon wished to do any good, the remedies he had indicated should be used.

Dr. Cordes (Geneva) described an instrument which he used for the purposes of intra-uterine medication. It was a pencil tubulated in the centre, which was first pressed into the uterus, and then a brush, dipped in nitric acid of the required strength, was introduced through the pencil, and so brought into contact with the part. He had both used it himself and had also heard it spoken of as being applied with great success by some French physicians.

Dr. Wallace (Liverpool) said that it appeared that there had been one great want in the method in which, and the conditions for which, treatment was applied. The pathology of disease had been only partly revealed. Uterine catarrh arose from many conditions; but the most frequent cases were those in women who had had children, caused by subinvolution of the uterus. Dr. Emmett of New York entirely discarded the violent method of treatment for this affection, and looked upon it as a constitutional malady, using for it constitutional remedies. In such cases, Dr. Wallace had great belief in hot douches of from two to four gallons of water, increasing from 90° to 120°. He had, by this treatment, effected complete cure without any intra-uterine medication. Where the method of Dr. Atthill had failed, he had adopted it with success. When it resisted these applications, there must be some other cause at work—generally gonorrhœa. These applications were also utterly futile in cases where the disease arose from syphilis. In these, he preferred the use of acid nitrate of mercury to nitric acid, as it acted constitutionally. He had seen a patient exhibit constitutional symptoms within twenty-four hours after an application of acid nitrate of mercury. There were cases of subinvolution of the uterus in which the cervix became thick and hard, cutting like a bit of cartilage. In the only case of this kind he had ever had, he dilated the cervix very freely, and applied a solution of nitric acid with such success that the patient, who had previously lived for many years in sterile marriage, gave birth to a child within a year. In applying carbolic acid, he formerly used Playfair's probe; but he had since adopted, as a better instrument, a piece of copper-wire wound about with cotton wool. When inserting the probe, he also always found it better to use the speculum. Nothing struck him more with regard to the question of intra-uterine medication than the cases of patients, who told him that they had been under treatment for years, being subjected to intra-uterine medication without any alleviation of their sufferings. He had seen this occur twice with the carbolic acid treatment, and once with the treatment of perchloride of mercury.

Dr. Lombe Atthill (Dublin) said that the subject had taken a far wider range than he had anticipated. Dr. Macan had entered more extensively into the causation of uterine disease than he had anticipated in the few remarks he had made in his paper. He quite agreed with Dr. Macan and Dr. Tilt, that incision of the cervix was sometimes essentially necessary. He held that, where there was chronic endometritis, it was impossible to cure the patient without incision of the cervix. With regard to Dr. Wallace's remarks respecting the douche, he looked upon it as of the greatest value, and he used it very freely at the Rotunda Hospital; but it was by no means sufficient in all cases. Dr. Malins had very properly said that heroic treatment was useless and unnecessary in many cases; so was everything when carried to an extreme. At the same time, it was utterly impossible to effect a cure in the majority of cases by the milder line of treatment. Dr. Tilt had asked what had been the result of the treatment by nitric acid in his hands; and, in reply, he should say that he only remembered two fatal cases, in both of which an operation had been previously performed. He looked upon nitric acid as a perfectly safe remedy, when properly applied. He admitted that it should not be applied to one part of the uterus when we were satisfied that another part was diseased.

Dr. Byford (Chicago) believed that intra-uterine medication could be adopted in a great many instances with safety. When he applied it, he looked

a good deal to getting the patient into a proper condition; made her live quietly for some time beforehand; and kept her in bed for two or three days after the application, which measures he found to secure success invariably. He thought that the application should be delayed after menstruation. He should hesitate to make an application of nitric acid to the uterus in a case where the canal and mouth of that organ was very much diminished in size; and he did not believe that these were the class of cases to which it was applicable. This treatment should be succeeded by more constitutional means. He used glycerine and extract of belladonna.—*Brit. Med. Journal.*

FACIAL PALSY.

CLINIC BY PROF. H. C, WOOD, JR., M.D., UNIVERSITY HOSPITAL, PHILADELPHIA.

I bring before you gentlemen, a case which offers a great deal of interest in regard to the diagnosis of its cause.

This young woman has been out of health for three months. Her first symptom was severe headache, referred chiefly to the region of the mastoid process of the temporal bone of the right side, and accompanied by occasional spells of giddiness. About six weeks ago she noticed for the first time that she would stagger, or even fall, on attempting to walk. To-day she complains of weakness in her limbs and inability to direct their movements. Her right ear cannot appreciate the tick of the watch even when it is applied close against the head; she has lost the sense of taste on the tip of the tongue of the side affected. She has a tumor under the lower angle of the left scapula which I believe to be a neuroma, on account of its exquisite tenderness on pressure.

By looking at her face you can at once detect that her right side is paralyzed; her mouth is drawn a little towards the sound side; if I told her to blow, her right cheek would bulge out, and, in eating, food accumulates between the gum and the buccinator muscle. If I tell her to close her eyes, her right eye remains open, and her forehead is utterly expressionless.

What is the origin of this palsy? Have we to deal with a paralysis of peripheral or of centric origin? I believe it to be peripheral, because we have an entire and uniform paralysis of this side of the face. If it were of centric origin we should have scattered face-areas affected, because the portio dura arises by several disseminated centres, and some fibres would probably escape the lesion. It is by reason of this manifold origin of the facial nerve that complete facial palsy is never centric. It is true that there are in this patient certain symptoms—as the staggering and giddiness—which would suggest a centric origin of the palsy, but these symptoms can be explained otherwise.

The loss of hearing is nervous in its character, and not due to a disease of the ear membrane, for we know that if the vibrations of a tuning-fork are not appreciated when we place it upon the side of the head it means either that the nerve of that side is absent or has been incapacitated by disease to perform its function.

The loss of taste can be accounted for by remembering that in facial palsy, when the lesion is so far back as to affect the nerve-trunk before the chorda tympani is given off, through paralysis of that nerve the secretion of saliva is interfered with and the function of taste is lost upon the anterior portion of the tongue on that side. The fact that the loss of taste in this woman is on the same side as the palsy is a very strong indication that the paralysis is of peripheral origin, for a centric lesion destroying taste and motion on the same side in the localized manner here present is an almost unheard-of rarity, if indeed it be at all possible.

The symptoms that would suggest a centric origin are staggering, giddiness, and inco-ordination of movements; but these may be due to a local peripheral lesion. In the internal ear we have the organs known as the semicircular canals, which probably are not connected simply with the function of hearing, for experimental as well as clinical evidence shows that they are largely engaged in maintaining the equilibrium between the individual and the external world. Thus, if in a bird we destroy these canals we will see it turning around and around, always towards the injured side, or, in other words, performing what are called circus movements. In frog, wounds of the ear produce a similar loss of power on the injured side. In Meniere's disease, you know, apoplexy into the labyrinth is at once followed by staggering, giddiness, etc. Two or three years ago I witnessed a case in which, the man having been shot in the face, a bullet was lodged near the foramen through which the portio dura and the portio mollis enter together; thus pressing on these nerves, it affected profoundly their functional powers, producing phenomena precisely parallel to those which are seen in the animal whose semicircular canals have been injured.

Most probably in this young woman we have a similar condition; not that the semicircular canals are destroyed, but possibly the function of the portio mollis is in some way interfered with by pressure. Another proof that the paralysis is a peripheral one is that the muscles answer much more readily to the continued current than to the galvano-faradic one.

Considering it proven that the paralysis is of peripheral origin, what is the nature of the lesion? It may be rheumatic, or due to disease of the petrous portion of the temporal bone, or to thickening of the membrane lining the aqueduct of Fall-

opius, or to an injury, or to a chronic tuberculous inflammation of the brain, or, lastly, to pressure by a tumor. We can at once exclude number four, for there is no history of a blow having been received; so can we also exclude number five, for the general appearance and general health of the patient are good, and there is no tenderness or any other local indication of disease of this bone. If the palsy were rheumatic it would have come on suddenly; and in this case the disease has been progressive. It is not due to disease of the petrous portion of the temporal bone, for we have no local tenderness, no signs of suppuration or history of long-standing disease of the ear.

We cannot entirely exclude the thickening of the membrane lining the aqueductus Fallopii, but it is doubtful whether this thickening would be such as completely to obliterate the canal and paralyze the nerves. Moreover, there is no apparent cause for this thickening, and the history of the case is altogether too acute for such a supposition, although not acute enough for the theory of a rheumatic attack. The most plausible explanation of the present phenomena is, according to my views, pressure exerted by a growth, with which, it may be, co-operates some thickening of the membrane lining the aqueduct; the character of this foreign body I believe to be specific, although there is no absolute proof of such origin.

Treatment.—We will give our patient the benefit of the doubt, and will place her on large doses of the iodide of potassium combined with the bichloride of mercury. If the trouble were rheumatic, we would place her on the salicylates, although in our hands they have proven of much less service in the chronic or subacute forms of rheumatism than in the acute forms of the disease. If this trouble is rheumatic in its origin it will be benefitted by doses of iodide of potassium, smaller, however, than those given for syphilis.

The use of electricity is advisable, not to cure the disease, but to keep up the tone and proper nutrition of the muscles.

We have not used any blisters behind the ear. The patient is improving under the specific treatment; the tumor at the angle of the scapula is less tender on pressure.

[Under specific and local treatment the patient continued to improve, and was subsequently shown to the class almost recovered.]—*Med. Times.*

GASTROTOMY FOR THE RELIEF OF INTESTINAL OBSTRUCTION.

The following from the *Progres Medicale* for July appears in the *Western Lancet*:—A woman aged 48 years was affected with an ovarian cyst, which was about to be operated on, when in the few days preceding the operation she complained of a number of symptoms which seemed to indicate peritonitis. There was obstinate constipation, stercoraceous vomiting and other signs of intestinal obstruction. M. Duleard decided to perform ovariotomy, as perhaps the ovarian cyst might be the cause of the obstruction. The abdomen having been opened along the median line, the peritoneum was found covered with false membrane, and the cavity contained flakes of lymph in serum. The cyst was removed with some difficulty, and a deep-seated red tumor was found, which was the point of the internal strangulation. This was liberated with much trouble and only by making several liberating incisions, which allowed a double flexure of intestine to be drawn out and straightened. The cure was rapid and complete, the temperature never obtaining 38°C.

This is an example of gastrotomy performed during full peritonitis, and demonstrates how many cases given up as hopeless could be easily and quickly relieved.

ENTERORAPHY FOR THE CURE OF ARTIFICIAL ANUS.

In a report of a clinical lecture by Prof. M. Schede (*Deutsche Medicinische Wochenschrift*), *Western Lancet*, details are given of a case of artificial anus, in which, as cure could not be effected through the usual means, the portion of intestine involved in the disease was removed, and enteroraphy performed. This report is of much interest as a contribution to the statistics of an operation to which much attention has recently been directed by German surgeons, and also as describing certain modifications in the operative method, and in the after-treatment, applied by the author in dealing with his cases. The operative treatment was carried out with strict attention to antiseptic precautions. The subject was a very feeble woman, aged forty-three, who, three weeks before she came under the notice of Prof. Schede, had suffered from strangulation of the femoral hernia on the left side. An operation performed for the relief of this condition had exposed a coil of gangrenous intestine, and resulted in the establishing of an artificial anus. In the left inguinal region was an opening into which the little finger could be passed, and from which there was a constant discharge of fluid feces. No fecal matter was discharged by the anus. There was a free opening into the portion of the intestine above the opening in the groin, but neither a finger nor a probe could be passed into the lower segment. After the patient had for two days been subjected to a preliminary treatment, consisting in evacuation of the portion of bowel above the false anus, in exclusive feeding by clysters, and in frequent administration of opium, the following operation was performed: A vertical incision was first

made through the abdominal wall, commencing just above the upper margin of the false anus and carried upwards for a distance of about three inches. The portion of intestine above the opening was then exposed, drawn outwards through the wound, and inclosed temporarily in a stout catgut ligature in order to prevent any flow of intestinal contents during the subsequent steps of the operation. The short piece of intestinal canal between this ligature and the artificial anus having been washed with a five per cent. solution of carbolic acid, the upper margin of the outer orifice was cut through and the adhesions of the upper segment of gut were carefully divided. The contracted extremity of the lower segment of gut was then dissected out of a bed of cicatricial tissue and also secured by a ligature of catgut. A wedge-shaped portion of mesentery, corresponding to the interspace between the portions of gut, having been excised, the edges of this membrane were first brought together and fixed by sutures, and afterwards the margins of the two portions of intestinal canal. The catgut ligatures were now removed. These had served their purpose so well that not a drop of fecal fluid had been observed during the operation. Fearing that there might result a failure of uninterrupted primary union between the two applied portions of intestine, and in order to prevent any discharge of intestinal fluid into the abdominal cavity and consequent fatal peritonitis, Prof. Schede did not at once return the sutured portion of the intestinal canal. The upper and lower portions of the external wound having been closed by sutures, this portion of gut was retained without the middle portion of the wound, and prevented from slipping inwards by a large bent needle passed through the mesentery and the opposite margins of abdominal wall. This exposed portion of gut and the whole seat of the operation was then covered by Lister's dressing. No indications of febrile reaction were manifested during the subsequent progress of this case. The patient vomited soon after the operation, but only once. The dressing was changed on the second day, and again on the sixth day. On the fifth day there was a free discharge of fluid feces by the anus. Subsequently, defecation was regular and normal. On the tenth day the bent needle was removed, and the exposed coil of intestine, then covered by healthy granulations, allowed to fall back into the abdominal cavity. At the end of the fifth week the patient was discharged as cured.

"Doctor, I am very much troubled with these pains, but I find considerable relief from a bandage over the region of the liver."

"Then by all means wear a belt. A simple strip of flannel will answer every purpose, only be careful to draw it a little tighter on the side where your liver is than on the other."

CHRONIC SENILE INVERSION OF THE UTERUS FOLLOWING THE REMOVAL OF A FIBRO-MYOMA.*

Robert Barnes, M.D., F.R.C.P., Obstetric physician to St. George's Hospital, reports the following case in the *British Medical Journal*, Sept. 6, '79:

Seeing that the subject of inversion of the uterus was to come before the Obstetric Section, and feeling that the collation of clinical illustrations affords the most useful means for a right understanding of pathological and therapeutical problems, I have been induced to submit the following case.

Two or three preliminary observations I may be pardoned for obtruding. In discussing inversion of the uterus, especially with reference to treatment, it is essential to bear in mind the distinction I have laid down elsewhere between recent and chronic inversion. An inversion may be described as recent, so long as the due involution of the uterus following labor is not completed. This process takes about a month. During its progress, the uterine muscular fibre still retains more or less of the contractility, dilatability, and vascularity of the pregnant organ. When the process is complete, the muscular wall of the uterus has lost much of the contractility, dilatability, and vascularity which are developed under pregnancy. Those methods of reduction which are comparatively easy if tried within a month after labor may fail if tried at a later period.

In the case I am about to relate, the inversion was first noticed ten years after the woman's last labour. It was discovered after the removal of a fibro-myoma; and the inversion was probably—not certainly—independent of the process of labor. Beginning with the classical case of John Hunter, the preparation of which is in the Hunterian Museum, I have collected in my *Obstetric Operations* and *Diseases of Women* several cases of inversion caused by fibroid tumors. I now describe an interesting case of this kind. Although, in these cases, the growth of a tumor in the uterus may induce muscular development in the proper uterine walls analogous to that observed in pregnancy, still the condition of the uterus, as it comes under observation, much more closely resembles that of chronic inversion. We may, therefore, class the case I now describe as one of chronic inversion. We might, perhaps, even with stricter propriety, refer it to a third order of cases; namely, to one which includes chronic cases observed in women who have reached or passed the climacteric. In these cases, the uterus has gone beyond the involution which follows pregnancy. It has been still further affected by the involution of senility or decrepitude.

*Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Cork, August 1879.

These, then, may be classed as "senile chronic inversion." The uterine tissue is more dense; the muscular element is disappearing, the fibrous predominating. Hence reduction by taxis or the various manœuvres found effective in the recent and ordinary chronic inversions is more difficult. My present case falls under this order. The woman was near fifty, and senile changes had set in.

In November, 1877, I saw, at some distance from London, a woman aged 47, who had had her last child ten years before. Since that time, she had suffered much from metrorrhagia, and this had lately much increased in severity. Being active in business—she was the wife of an innkeeper—she went on disregarding her condition until the losses told so much upon her that she was compelled to give in. She was very stout. I found a large, firm mass, rounded, filling the pelvis like a child's head. The hand passed in with some difficulty, surrounded the tumor, and traced its attachment by a broad pedicle to the uterine cavity. I adjusted a wire and cut it through by *écraseur*. A little bleeding followed. The tumor was so large that it was with difficulty brought through the vulva which had previously admitted my hand. It was a fibro-myoma of the size of a small fœtal head. She ma e a good recovery, and resumed active work.

In May 1879, I was summoned to her again. She had again been suffering from menorrhagia, alternating with offensive watery discharges stained with blood. She was very blanched and very prostrate, and had increased in stoutness. I found a pyriform tumor of the size of a Jargonelle pear, with a small pedicle in the vagina; the root quite continuous with the vaginal roof, leaving no passage beyond for the sound. Her condition made it imperative to remove it with the least possible delay. I applied a wire as before, thinking it was a polypus; but, on tightening the wire, the acute pain aroused the suspicion that it was the inverted uterus. This was verified by closer examination. Still we determined to persevere with ablation, knowing that her condition was too low to bear the tedious, painful, and probably forcible process of reduction by sustained elastic pressure. I therefore deliberately cut through the pedicle with the wire. Rather free bleeding followed; this was staunched by swabbing with tincture of iodine. Considerable pain in the abdomen followed; this was allayed by opiates, and she slowly recovered. My friend Mr. Turrell reported on July 6th that she had progressed favorably—had walked for more than half an hour the day before; and that, examined by the speculum a week before, the cicatrix appeared complete, and all constitutional disturbance had subsided. The temperature rose during the first week to 100.5° and 102°; the pulse to 104, and then fell to normal rate.

This specimen is in the Museum of St. George's Hospital. It is laid open to show the interior. The extremities of the Fallopian tubes and of the round ligaments are drawn into the inverted cavity.

The question arises, When was the inversion produced? It might have arisen before the removal of the tumor in the first operation, or during that operation, or at some subsequent time. Which is the more probable? It is difficult to understand how the uterus could turn itself inside out after the tumor was removed. But it is not impossible that the stump left behind might be so large and projecting as to excite uterine expulsive action, and that thus the inversion was completed soon after the first operation; the stump meanwhile undergoing disintegration and disappearing. But I am more inclined to conclude that the inversion was produced or completed during the operation or immediately after it. I had no opportunity of examining again; and, indeed, she got on so well that there seemed no indication for further treatment, until a year later.

Another question arises: one which I put to myself with especial point, because I acted in opposition to rules upon which I have much insisted. Might not reduction have been effected and amputation avoided? Might not the resistance have yielded to sustained pressure, aided by taxis and the operation I have recommended and practised with success, of incising the neck of the uterus? It is impossible to answer this question in the negative. The attempt, I knew, would be attended by unusual difficulty, suffering, and danger; and, since the subject had reached the climacteric, the loss of organs which had already passed into decline could hardly be regarded in so serious a light as the loss of organs still in the plenitude of functional life. In these cases, then, of senile chronic inversion, the methods of ablation come into stronger competition with the methods of reduction than they ought to be permitted to do in cases of simple chronic inversion. Still I think that even in cases of senile chronic inversion, where the conditions are favorable to the attempt at reduction, the attempt ought to be made. I venture to conclude with the following propositions:

The division of uterine inversions into three orders—namely, 1, recent; 2, simple chronic; 3, senile chronic—it will be seen, is based upon clear physiological distinctions; and this division carries clear therapeutical indications. In the recent cases, immediate reduction by taxis is almost always indicated. In the simple chronic case, taxis, aided or not by sustained elastic pressure and incisions of the uterine neck, is indicated, and will almost always be feasible. In the senile chronic cases, reduction by taxis, aided by every auxillary means, though still indicated, will be much more difficult of execution; and amputation, the last resource, will be less open to physiological objection, and at the same time less dangerous, than in the first two orders of cases. It must finally be borne

in mind that, especially in the senile chronic inversions, tolerance may be acquired, and thus render all operative interference unnecessary.

THE EXPERIENCE OF A SUCCESSFUL PRACTITIONER.

[The following correspondence copied from the *N. Y. Medical Record* is an excellent hit at the patronizing airs assumed by some successful? practitioners when called in consultation by their confrères.—Ed. Lancet].

When Mr. Smith urged me to see his child, after my consultation with Dr. White, I told him I could not do so, because Dr. W. was the regular attendant. Besides, I was overrun with work, and it was but fair that Dr. W. should have a start and make a living. I further said that I appreciated the feelings of a father who was anxious about his son, but under the Code I was forbidden to help him out of what he believed to be his difficulty. My assurance that the child would probably recover did not comfort him much; neither did he seem satisfied when I informed him that I would from time to time give Dr. W. such hints as occurred to me, as Dr. W. generally consulted me privately about his difficult cases. Such a trait, in my opinion, recommended him as a young man who was conscientious to his patients, and not afraid or ashamed to learn.

Just then Dr. White dropped in the office, and was somewhat surprised to see Smith and I in conference. Smith was, however, astonished, and for the moment did not know what to do. This gave me my opportunity to put both at their ease by saying that Mr. S. was naturally much worried about his child, and, not knowing anything about the Code, had dropped in to talk over the case; and that I had comforted him by telling him that Dr. W. was just the man for the case, and that it was not proper for me to interfere by word or act. Dr. White was pleased, and the ice was broken for a general conversation. The latter ended by my promise to be present at a consultation on the morrow. After Smith left, Dr. W. and I had a frank conversation on the proper relations which should exist between patient and physician and between each other. At the same time he intimated that Smith seemed to be a little dissatisfied. White did not believe in keeping cases against the will of the patient, and became virtuously indignant at the want of confidence in him. So incensed did he seem that I was fearful he might give up the case at once; however, I coaxed him to hold on, and he finally left in good humor.

The following day I arrived at the patient's house before Dr. White, and waited for him at the bedside. While so doing I learned that Harry had three passages since the night before, and was worse. The mother then showed me the medicine that Dr. W. had ordered. I said that there must be some mistake; that in fact the remedy was the same as the child had been taking when I called, and signified my desire to see the new medicine. When informed the mixture was made by Dr. W. since the consultation, I at once smiled and changed the subject. The mistake arose from the fact that Dr. W. had repeated the rhubarb and soda instead of using the chalk-mixture. Although this annoyed me somewhat, I merely remarked that Dr. W. must have misunderstood me; that the medicine should be white instead of red, and that I would explain the matter to him when he came. In the course of the conversation I learned that each time after partaking of the medicine the child became worse; but I merely said that she should stop giving the remedy, and that we would make it right when the doctor arrived. Just then he came in. I had the bottle of medicine in my hand, and apologized for my apparent interference by remarking to him that he had misunderstood me, and that the child appeared to be worse. He blushed somewhat, and said that he had none of my medicine with him at the time; a remark which was very indiscreet in the presence of an anxious parent. However, I said that as I carried it around with me always, and used it a great deal, I would give him some. Accordingly I made the mixture upon the spot, administered it to the boy, and retired to consult. White agreed to continue with the chalk-mixture; and when we returned the boy said he felt good, wanted to sit up, and said he was hungry. I playfully remarked that he liked his medicine, and that he was getting better already. Dr. W. smiled also, and the mother seemed to be quite happy. Shaking hands with little Harry and patting his head, I took my leave, saying that the doctor had done everything necessary, and that I had nothing more to suggest. We left together, W. apologized for not using the chalk mixture the day before. I told him that it was a small matter, but was upon my part sorry I had alluded to the fact before the mother.

The next morning White called on me to say that, although the child had improved, the family dismissed him, and urged me to see the case. I felt very delicate about the matter; but as I knew that my former partner would be called in, and as Dr. W. and the family were both willing, I consented, if sent for, to see the case through. After coming to such a conclusion, Dr. W. thanked me for what I had done for him, and assured me that he was willing to leave himself and his former case in my hands. Harry recovered in a day or two; but all I can do I can not persuade the mother to employ Dr. W. any more. Can I do more?

I have often tried to impress on Dr. W. the importance of humoring his patients, and have many a time told him that he was too dogmatic. On several occasions I have been placed in an apparently false position by his obstinacy. To give

an instance: A wealthy gentleman from the city built a fine mansion in the village, and came with a letter of introduction from a college professor to Dr. White. Dr. W., of course, had the family. I was glad to hear of his good luck, especially as the wife of the gentleman was an invalid, and required a great deal of attention. One day upon driving past I was hailed by the servant, who asked me to step in and see his mistress. I obeyed the summons, and found a delicate lady reclining upon a lounge, complaining of a ball in her throat, great oppression in breathing, great pain in left side, and a desire to urinate frequently. She informed me that she was Dr. White's patient, but was somewhat discouraged with his treatment. I at once told her that Dr. White was a splendid fellow, one who had a great opportunity for working out her case; that although he had but few patients, he loved to study, and was on the whole a very safe, if not too cautious a practitioner. But this did not quiet her pain. She said that Dr. W. had not only left her medicine which made her worse, but that he had insisted on her taking it in spite of the pain. I asked her, with honest incredulity upon my countenance, whether he actually said so. I tasted the medicine and repeated the question with a like answer. Being then assured there was no mistake, I said that he was probably right, but that she had better not take any more of the medicine until I saw Dr. W. She then seemed better satisfied. I found, on questioning her, that Dr. W. had not made any vaginal examination, nor had he hinted at any. Some way or other she squeezed out of me an opinion that her whole trouble was uterine, and that an examination was necessary. I think that I told her as much before I knew whether or no White had expressed any opinion. At all events, to humor her, I examined her on the spot, and discovered an abrasion of the os. I promised her that I would tell Dr. W. about it, and left her without any further suggestion.

Now W. is one of those stubborn chaps who do not believe in abrasions; but I tell him almost every woman has them, or ought to have them, and he will be always safe in a diagnosis. He informed me that he did not intend to humor such a prejudice upon the part of his patient, and seemed a little angry. In spite of all I could do, when the husband of the lady sent for me to attend her, I could not persuade her that White was of the two doctors the better man.

This case, by the way, narrowly escaped going to my partner, who is a uterine man, and who is favorably known among the laity as the inventor of a self-entering, self-retaining, back-action speculum. I do not think much of his instrument, however, as I have invented one of my own. It is needless to say that the case progressed favorably, and I secured a good fee. It might just as well have gone to Dr. W., but I did the best I could for him as a professional brother. The result of this case was published in our town paper; but as I was chairman of the Committee of Ethics of our county society, I explained the case satisfactorily.

Although I have gone somewhat in detail regarding the matter of this epistle, it has been my desire to show that, with every appearance of having actually stolen patients from Dr. W., I did every thing I could "under the Code" to protect and befriend him. And yet there are some who say there is no necessity for a code.

LACERATION OF THE CERVIX UTERI AND ITS SURGICAL TREATMENT.

CLINIC BY DR. GOODELL.

This woman comes to the clinic with the neck of her womb projecting from her person. This projecting body bears a very close resemblance to a shark's mouth. The cervix is evidently lacerated on both sides, and these lacerations extend low down. This condition of things interferes very seriously with coition. The woman has come to me not so much, perhaps, on her own account, as to have her person made acceptable to her husband. The patient tells me that she has been sterile ever since her last confinement, that she feels wretchedly and suffers greatly from constant bearing down pains. The best thing to do is not to amputate the cervix, although the tear is very bad, but to bring it down and sew up the lacerations.

It is a well-known fact that the cervix uteri expands greatly during the course of labor, owing either to the impatience of the attending acoucheur or the inordinate desire of the woman to hasten the birth of the child, the membranes are very often ruptured prematurely and the head of the child pushed violently through the as yet undilated os, gives rise to the laceration. If this tear takes place on the anterior or posterior part of the cervix it is very likely to heal of its own accord and without any surgical interference. This is, of course, owing to the fact that the natural movement of the cervix is backward and forward and not from side to side. Lacerations of the cervix are almost always, however, lateral. The complete subinvolution of the womb is thus retarded by the condition of the cervix and so the troublesome symptoms will continue until the cervix is restored to its normal state. These lateral lacerations always demand an operation. The mucous membrane of the cervical canal is studded with glands and follicles and covered with pavement epithelium. The rent in the cervix rubbing against the wall of the vagina sets up a constant source of irritation, and abrades its exposed mucous membrane.

When a patient comes to you complaining of

leucorrhœa, of pelvic weight and pains, and of other like symptoms, a superficial examination shows only an erosion and is very likely to lead you to overlook the real gravity of the injury.

A physician, thus mislead, applies nitrate of silver, or cauterizes the raw surface with nitric acid, or, perhaps, makes use of astringent suppositories, and very possibly the leucorrhœa disappears, the other symptoms improve and the woman goes away, considering herself cured, only to return in a short time with all her troubles upon her again. It is the commonest thing in the world for a practitioner, particularly a young one, to mistake laceration for erosion and to treat it accordingly, that is to mistreat it. I am not free myself from the same blunder.

The proper diagnosis of laceration of the cervix uteri may be made in the following manner: First, make a careful digital examination, then draw the anterior and posterior lips of the womb together by means of tenacula, and if, in so doing, you are able to reduce the size of the cervix and to cause the supposed erosion to disappear, you may be tolerably sure of the existence of a laceration. This condition demands, of necessity, also a very careful examination with the speculum.

In recent cases of this accident, that is, when it has been discovered during the lying-in state, there will usually be found to be more or less cellulitis while the pulse will be high and feverish. There will be pain in the iliac fossa, the temperature will remain high, and the woman will be very slow in convaleseing.

A speculum examination in this case reveals to me a redundant condition of the walls of the vagina, in addition to the other difficulty. See what an exact resemblance this state of the cervix bears to a shark's mouth. When the laceration has occurred right in the centre of the cervix the torn os resembles more a bishop's mitre.

I said that the laceration interferes greatly with coition. It is the length and lowness of the womb which makes sexual intercourse difficult in these cases.

I had made up my mind when I first examined this woman to amputate the cervix, but I now think that I will first essay the more troublesome operation of stitching up the rents, in the hope that that will be all that is necessary.

Amputation is certainly an easier and may be in cases the better operation, but its dangers or drawbacks are (1), that it may cause obstruction of the opening of the os, and (2), it makes the cervix so short that if the woman has a flexion of the womb in after life it is hard to use a pessary with advantage as there is no cervix behind which it may lodge.

If the cervix does not bleed too much I shall use a knife, as it cuts so much better than scissors; but no, I shall have to confine myself, I see, to the scissors.

My assistants by this time have succeeded in thoroughly etherizing the patient, and have now placed her on her left side on this operating table (which I have designed for use in my office, and the gynæcological clinic) with her hips well to the edge.

This operation for lacerated cervix is an unsatisfactory one to perform before a large class, particularly when the light is poor, so that you will have to listen attentively to my explanatory remarks if you would take in all the steps of the operation. Sims' speculum is the best instrument for this, as well as for other vaginal and uterine examinations and operations. Having inserted this speculum and dragged the womb down by a double tenaculum, I shall at once proceed to denude the torn edges and to bring them into accurate apposition before I introduce my stitches. This, as you may well imagine, is no easy thing to do, for the vagina is a very narrow place in which to operate, and the blood flows over the parts constantly, obscuring them much. I have cut a wedge-shaped piece of skin out of the rent, as you see, so as to make sure that no spot of mucous membrane is left behind. The cervix and womb are highly vascular organs, and, as you notice, bleed very readily. Before proceeding to denude the surfaces in this operation you ought always to begin by taking hold of the two split lips with tenacula and bring them together so as to map out beforehand the field for your work, as it were.

As I snip away the skin with my scissors a small artery spurts every now and then, but there is no earthly use in stopping and trying to tie these arteries, because the surrounding tissue is too erectile and the artery cannot be pulled out so as to give you a chance to slip your ligature round it. In fact these bleeding vessels are rather sinuses than arteries. You may generally disregard this bleeding until you pass in the stitches, for they always constringe the tissues, and so stop the bleeding. Where the bleeding is troublesome a small wire écraseur may be necessary as a tourniquet for the cervix, or you may improvise a wire loop at the end of your wire twister, which does very well in the case of an emergency.

Always begin denuding on the anterior lip, *i. e.*, the lower one, otherwise your work will be obscured by the flow of blood. Be careful, in every case, not to leave any little islets of undenuded tissue. This latter state of affairs always prevents union.

In one of my cases where I performed this operation, that of a lady who had a retroflexion of the womb complicating the laceration (this retroflexion was brought on, of course, by the fact that the cervix is the main stay of the womb, and that when it is lacerated the womb wobbles about in all directions). I made trial of all sorts of pessaries for the retroflexion, but without doing any good. She was barren, and the fact so far affected her mind

that she was afraid to go out into the streets by herself. It was not until the lacerated cervix was stitched that the retroflexion began to disappear. You have no idea what a woman will go through when she wishes to have children, just about as much, in fact, as she will undergo when she has made up her mind not to have them.

This operation for laceration of the cervix is generally a most successful one. The hardest part of it all is the passing in of the sutures. A cervix which has been for a long time in such a condition offers one of the greatest obstacles to the passage of a needle to be met with in the whole range of uterine surgery. This cervix is just as tough as leather. I have, upon several occasions, found it almost impossible to pass needles through such tough tissue without bending, or, perhaps, breaking them in the attempt.

Let me, to revert a minute, call your attention in passing to the very powerful influence which a disordered womb has upon its possessor's brains. My former patient, to whom I made brief reference a few moments since, was made utterly wretched by the laceration. Nervous, easily frightened, unable to sleep at night—in fact almost insane. The operation restored her health of mind and body completely.

Be very careful not to denude the whole surface of each lip, but to leave a spot in the middle of each untouched, otherwise the cervical canal would be wholly closed. I have been in the habit of calling this undenuded portion my "room for repentance," as the painter would put it.

There is a very valuable bit of advice which I want to give you with regard to premature rupture of the membranes, which, I said, was a potent cause of laceration of the cervix. *When the woman in labor is a multipara, you may generally rupture the membranes with impunity, after a fair dilatation of the os. But in the case of a primipara you must not rupture them until after full dilatation has taken place.—Hospital Gazette.*

Hydrate of Chloral in Dysentery.—Dr. Curci finds that chloral hydrate is serviceable in the diarrhœa of typhoid. He has therefore employed it during an epidemic of dysentery in seventeen cases, always with the best results. At first it was administered in combination with potassium chlorate, but afterwards the latter drug was omitted, and the chloral was given alone in a mess of barley gruel, either by the mouth to the extent of 1-3 grams per diem for an adult, or as an enema (10 grams in 2,000 grams of gruel being sufficient for ten enemata). When given by the mouth it is found advisable to administer some slight purgative beforehand to prepare the bowels for the reception of the remedy. Hydrate of chloral is not only a soporific remedy for dysentery, as was supposed by Dr. Prince, who first pointed out its value in this disease, but it has also a sedative, astringent, anti-spasmodic, and anti-diarrhœic action, in addition to its local coagulating and antiseptic properties. If it only lessened pain by producing sleep, its action would be but transitory, whereas it is very persistent, being in reality a sedative to the brain and spinal cord as well as to the sympathetic system of nerves, and it is the latter system which is chiefly affected in dysentery. After the use of chloral it is found that the evacuations are lessened, while the flatus which is such a painful symptom in the disease, is diminished. In regard to the local action of hydrate of chloral it must be considered that one part is absorbed in the intestine, whilst another is passed on by peristaltic contractions into the cæcum and colon. After administration in a mucilaginous vehicle in doses of 2-3 grams, the peristaltic movements are at first increased, but then ensue diminished sensibility and movement. These phenomena are due to the stimulation and subsequent paralysis of the sympathetic, and it is in this way that the chloral lessens the pain in the bowels, and the secretion. If the administration be continued till recovery takes place, the chloral exhibits its properties of coagulatng albumen, destroying the organised ferment, and hastening cicatrisation. In conclusion, Dr. Curci enumerates the other remedies employed in dysentery, and states his opinion that purgatives administered in the early stages of the disease alone approach in value to chloral hydrate. He condemns anti-phlogistic treatment, as well as that of opiates and astringents. He has known no good results obtained from the use of ipecacuanha, the so-called radix antidysenterica, since it only acts as an emetic, and is without effect upon the other processes of the disease. *Il Raccogliatore Medico*, Nos. 15-18, 1878. *Med. chir. Rundschau*, May, 1879.)—*Practitioner.*

Pericardial Effusion—Fluid Withdrawn by Aspirator.—The following interesting case under the care of Dr. McCall Anderson is reported in the *Glasgow Med. Jour.* Sept. '79. H. H. aged 17, millworker, was admitted 22nd July, 1879, complaining of severe cough and general dropsy, most marked in the legs. The cough has troubled him for some years, and is always worst in winter; during the last four winters he has had several very severe attacks of hæmoptysis.

When admitted, he breathed with difficulty, his face had a livid hue, and the attacks of coughing were frequent and violent. On examining the chest there was found to be marked dulness of the left side anteriorly. The dulness extended 2 inches to the right of the middle line, and round into the left lateral region; it reached upwards nearly to the clavicle, beneath which, however, there was a limited area of clear percussion. The lateral limits of the dulness were much less at the upper than at

the lower part of the chest. Behind, percussion was clear, except towards the base where there was some dulness. The left side of the chest was decidedly fuller than the right, and over the area of dulness there was a bulging of the intercostal spaces. Harsh sonorous râles were heard all over the chest on both sides. The heart sounds were normal, but seemed distant and muffled. The exact position of the heart could not be made out, and the apex-beat could not be felt. The pulse was rapid, very small, and thready.

Urine contained a trace of albumen and bile. Patient was ordered a cough mixture and a diuretic.

The diagnosis made was pericardial effusion, with probably slight pleuritic effusion at the left base.

As the patient was not improving, a consultation was held on 30th July, at which the diagnosis made was confirmed, and it was resolved to remove the fluid by means of the aspirator. The The spot selected for puncture was in the fifth intercostal space and about an inch to the right of the nipple line. A medium sized trocar and canula connected with the aspirator was used, and 38 oz. of a light straw coloured fluid withdrawn. When the instrument was first introduced, it was evidently not in contact with the heart, but during the latter part of the operation the cardiac impulses distinctly affected the canula. Immediately after the operation patient's breathing became decidedly less laboured, and very soon after there was a marked improvement in his appearance, which, previous to the operation, was characteristically cyanotic. On examining the chest on the following day, the area of dulness was found to be considerably diminished, the diminution being most marked at the upper part, and to the right. The heart sounds were now very distinct and nearer the surface. The pulse was much stronger and more regular, though still frequent.

What the final result in this case may be it is impossible to state, though no doubt can exist as to the great improvement which has resulted from the operation.

Iodoform in the Treatment of Chronic Ulcer.—Dr. Evans, *Glasgow Med. Jour.* gives the following. On entering the room occupied by an old man, whom I was one night called to see for a sudden illness, I was quite overcome by a most offensive and fœtid odor, which, I found on enquiry, was caused by "a bad leg" of 30 years' standing. On asking to see it, I was shown a large irregular sloughing ulcer in a most horrible condition. I washed it with a solution of carbolic acid (1-20), then dressed with a solution (1-40). This I did daily for about a fortnight, and the ulcer became perfectly sweet and healthy looking; but if left for a single day without dressing, the granulations became greenish, and the fœtid odor returned. I then tried an ointment of iodoform, according to the formula used by Dr. Tantum for prurigo, *i.e.*, iodoform ʒi, to ℥i of ointment. I spread a thin layer of the ointment on a piece of lint cut to the size and shape of the ulcer; this I placed on the ulcer, and over it a layer of carbolised tow—as an antiseptic precaution — then bandaged the leg firmly, and left my patient for a week without re-dressing, and to my satisfaction, at the end of the week found the ulcer in a nice healing condition. Since then, I have continued the treatment with very satisfactory results. I have also tried it in other cases with like results.

Bleaching sponges without injuring the texture may be done very nicely by first soaking them in a solution of muriatic acid made by adding a pint of acid to a gallon of water. This dissolves out the limestone, shells, etc. After this rinse thoroughly, and immerse the sponges in a solution of permanganate of potassa containing an ounce of the latter to a gallon of water. Wring out the sponges, and put them into a solution made from one pound of hyposulphite of soda, one gallon of water, and one ounce of muriatic acid. This will bleach immediately, after which they should be well washed with water to remove all traces of acid, etc.

Chloral in Diphtheria.—Rokitansky, of Innsbruck, has used a 50 per cent. solution of chloral as a local application to the membrane, by hair-pencil, every half hour. Pain is seldom severe, but salivation is intense. In an hour and a half pieces of membrane come away on the brush; and at the end of two to four days the surface of wound has granulated. As the surface improves in appearance the solution is gradually diluted. From Morrell Mackenzie's monograph on Diphtheria, it appears that chloral-syrup, 25 grains to the ounce, ranks high in his esteem as a local application: "it rapidly gets rid of the fetor, and it is beautiful to see the membrane loosen and come away, leaving a healthy surface underneath."

In a case of stone occurring in a man about twenty-two years old, Dr. Bigelow recently removed, in one hour and seventeen minutes, a calculus, of which two fragments weighed 720 grains. There was no blood in the urine during the operation, nor any unfavorable indication afterwards; the patient rapidly convalescing. The calculus was phosphatic, but quite hard, having a small lithic nucleus. It measured 2¼ inches, and could not be grasped by a Thompson's lithotrite. It was crushed by Dr. Bigelow's lithotrite, and aspirated through a tube of the diameter of 30 French. This is, with one exception, the largest stone yet removed by the new method.—*Boston Med. Journal.*

THE CANADA LANCET.

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TORONTO, NOVEMBER 1, 1879.

RABIES GYNECOLOGICA.

The St. Louis *Medical and Surgical Journal* for August contains a paper read before the Medical Society of that city, on 5th July, by Thomas Kennard, M.D., entitled "The use and abuse of the Obstetrical Forceps," under the admonitory motto, "*In medio tutissimus ibis.*" Dr. K. appears to have designed this paper as a counterblast, or remonstrance, against the new-fangled doctrine of certain forcipologists, who advocate the early and frequent employment of the forceps, with the double view of economising their own time and that of their parturient patients. A member of the society, in a paper previously read, had stated that he used the forceps, on an average, once in every three cases of labor. Another member, less adventurous, said he used the forceps only once in seven cases. Our space does not permit the full reproduction of Dr. K.'s argument, which is both full and forcible. We offer the following short passage as a mere specimen :—

"Dr. Maughs says that the forceps can be applied and take up absolutely no space. Every instrument or solid body must necessarily occupy space. Then how can such an assertion be sustained? He means, perhaps, that it compresses the fœtal head to make room; but the fœtal head cannot be compressed much without injury. It may be changed slightly in shape by the forceps. Every person acknowledges that the forceps in unskilled hands is a dangerous instrument. All obstetricians admit that contusions, lacerations, inflammations, sloughing, and death to both the mother and the child, may follow its injudicious or unskilful use. The difficulty is to know who are skilled and who are not, or who can judge whether instrumental aid is demanded. The forceps is not so harmless as enthusiasts would have us believe."

Dr. K. then proceeds to quote in support of his position, from several eminent obstetric writers. He, however, in our opinion, falls into a serious inadvertence, when he appeals to obstetric statistics; for whether in this department of medicine, or any other, what theory or practice so ever, has not found support in this *refugium periclitantium?* How often have common sense and rational judgment been driven from the field by the figure columns of medical statisticians! We shall never forget one illustrious instance of this form of argument, when an official noodle proved to his own satisfaction, that a certain large public institution enjoyed better health, and had a lower mortality, when it was densely crowded, than when the inmates had more liberal cubic space. Even supposing that this pedantic figure-head had collated his figures correctly and honestly, and that they appeared to sustain his position, could any man of sound mind assent to his doctrine?

Dr. Kennard, in his repugnance to the abuse of instrumental interference, has, we apprehend, overlooked one very important fact, from which, we are convinced, the advocates of frequent recourse to the forceps adventitiously derive their main support. It is simply this, that the forceps does least harm when least needed; and as in the very large majority of cases of all labors, the powers of nature are quite adequate to the safe, and generally facile, expulsion of the child, it is quite evident that as neither defective pelvic capacity, nor abnormal rigidity of the soft parts, retards the labor, the introduction of the forceps and the subsequent manipulation, must be much easier, and attended with less risk to both mother and child, than when the conditions are the opposite of these. We can then well understand that a practitioner who employs the forceps in every third, or every seventh case, will be able to show a far more dazzling *proportion* of successful issues, than one who has recourse to instrumental aid only when he finds it indispensable. But is this an adequate justification of the practice? If so the surgeon who amputates a limb, which by patience and skill he could have saved, is not guilty of malpractice; though it is not to be denied that he may, by his sawbones im-

petuosity, have saved his patient from much longer suffering, and a tedious recovery. As to the man-midwife who rushes to the forceps, simply to economise his own time, (and we fear all are not exempt from this financial frailty,) we would gently whisper to him, that if his practice is so large as to forbid waiting, he would best meet his requirements by curtailing it, or by taking in an intelligent partner.

Dr. Kennard closes his paper with a rather humorous divergence to an affiliated subject, and as in these dull times, when the collection of medical accounts has become an obstetric impossiblity, a little laughter may prove favorable to the digestion of coarse diet, we present the following antidyspeptic *morceau* :—

"We have waves in medicine and surgery that sweep everything before them, and wash every enthusiastic seeker for glory into the grand maelstrom that engulphs them all. Twenty years ago every woman imagined that she had ulceration of the womb, and of course every medical aspirant for fame insisted upon a peep at that organ through the speculum. I well remember my first personal experience in that direction at a clinic of one of New York's most distinguished obstetricians, where some twenty of us in Indian file awaited our turn to take a peep at the women, many of whom had nothing whatever the matter with them, except a morbid desire to be handled by one of the opposite sex.

Five years later they imagined that their wombs did not hang right, and through the influence of the misguided enthusiast, Dr. Hodge, who had revived an old and long forgotten idea, the young practitioner was inclined to make a toy-shop out of every woman's vagina, so that it became very questionable whether even refined and virtuous women had private parts any longer, for they certainly became very willing to make them public. Unfortunately a great many females manifested a morbid desire to be examined, and they encouraged the deep investigators in their dark researches. A few well meaning men still imagine that it is incumbent upon them to prop up every womb, but fortunately their enthusiasm expends itself on their ingenuity in devising *new vaginal toys*, which not many women are now inclined to play with. The pessary wave has subsided, never again to return except in spirts and splashes. Women have concluded that although their outside stays sometimes create a necessity for inside props, they still must entertain a decent respect for their private parts, the *sanctum sanctorum* of their physical organization. Our instrument stores are full of pessaries, and it is very entertaining to see the ingenuity displayed by some of our brethren of a mechanical turn of mind, in varying their size and shape. We might well suppose that no two vaginas were constructed upon the same plan, if we did not know to the contrary. About the year 1867 the clitorodectomy wave threatened to sweep away the clitoris of every nervous woman who applied to the hospital of Mr. J. Baker Brown, who enjoyed the favour and patronage of royal folks, and had an idea, (not a very incorrect one), that all cases of hysteria resulted from venereal erethism. "His chuckle-headed assistant, Mr. Harper, diagnosed a case of clitoris irritation in a buxom, healthy, well-developed young woman, who had come to be cured of fissure of the anus, as follows :—He said there was *too much hair around the vulva, that the vaginal odor was fœtid, and that the neck of the womb was conical.* He cut the entire clitoris away by three broad incisions. The labia majora were removed and the sphincter ani was divided on both sides by slashes extending down to the tuberosities of the ischia." He operated on other women in the same manner, and the reporter, an eye witness, says of the first two, that they were as fine specimens of their sex as he had ever seen ; both were wives of honest men, had never committed masturbation, and had been deluded into taking chloroform under the belief that some simple operation was to be performed." The reporter says : "We have seen clitorides lying about on the saw dust, like bits of meat at a butcher's shamble." This man belonged to the London Obstetrical Society, but his enthusiasm washed him out, and he ought to have been *castrated*, (an infallible cure, we verily believe, for nine-tenths of the pretended *diagnoses* of uterine complaints.) "Neck-splitomy was the next wave, but it soon subsided, and then impregnating by the syringe was tried, but it did not compete with the old plan, and no one but J. Marion Sims ever advocated it. The forceps wave returns periodically, and we must beat it back whenever it rolls too boisterously. Hence the few hurried words of caution I have read to you. Recently some surgeons have advocated and practised complete removal of the uterus and ovaries, and have

taken only about seven lines to describe the method of this horrible operation in their fatal cases, on patients that would have lived for years if they had not butchered them. More recently they have taken to spaying women, as farmers do sow pigs, but as women were not intended for food except in dire emergencies, the great Creator did'nt see the sense of such mutilations, and hence the majority die from the operation. God protect the poor women from the enthusiastic gynecologists and the extremists of every kind." So says Dr. Kennard, and we cry *Amen*, with all our heart and soul; but Great is Diana of the Ephesians, and there is a mint of money in the humbug.

REGISTRATION OF THE PREVALENCE OF DISEASE.

The only way by which we have hitherto been able to ascertain the prevalence of disease in Canada has been by means of that obviously imperfect source of information, the mortality returns. Even if these returns were perfect, it is apparent that they would afford no reliable data regarding the general state of health. Admitting this fact, the necessity for and the value of a system whereby we obtain a knowledge of the number of cases of the various kinds of disease in the different parts of the Province or of the Dominion, follows as a matter of course. Such a scheme has recently been put into operation in this city and in some parts of the Province, with the immediate object in view of ascertaining the influence of the weather on health. This, however, is not the only, even if it be the primary, point of importance to be considered in its favor. For example: Accurate statistics of the state of health will aid very greatly in enabling us to learn somewhat regarding (1), the origin and progress of disease; (2), the influence of locality in producing, or modifying the effects of, any special disease; (3), the prevalence of epidemics; (4), the proportion which exists at any time or place between the sickness-rate and the death-rate, and the ratio between the number of persons sick and healthy; (5), the operation of the sanitary conditions.

These are only a few of the points to be considered, but they alone should suffice to ensure the hearty co-operation in the scheme of all who have the interests of science, and the well-being of humanity at heart.

To consider these points more in detail: The ever varying conditions of weather, the study of which constitutes the science of meteorology, have been acknowledged by all to have an important influence on the state of health; but exactly what that influence is on the different diseases is almost as much a mystery as ever. Our method of recording the various phenomena which group themselves under the head of weather has been so much improved of late years that the data may be regarded as tolerably accurate, for so much has been learned regarding the laws of the movements of the atmosphere, that it has become possible, with some degree of accuracy, to predict the changes of the weather from day to day. This knowledge of coming events, should prove most useful to us when we have ascertained the influence of the weather on health. It will enable us to take precautions to modify the effects of sudden changes of pressure, temperature, humidity, &c., which may influence diseases of the respiratory organs, the bowels, or the nervous system, &c. Any one who has given attention to this subject will see, that it is impossible to learn the connection between the weather and health from the mortality returns, for all that we can gather from them is that deaths from certain causes appear to be more or less frequent in certain seasons, or periods of the year.

The agency of climate comes properly under the influence of locality. While we shall be able to see at a glance from such data as it is proposed to obtain, the prevalence of any special disease, it will need accurate returns for some years, before any reliable deductions can be drawn regarding the agency of climate. Nevertheless, valuable information could be obtained, which would be of service in constructing a chart, showing the prevalence of disease in each locality. To any person afflicted with any special disease, such a chart, if accurate, would prove of inestimable value, while to physicians and to the public in general it would be most useful. The knowledge which such statistics would afford us of the prevalence of epidemics, would enable us to take such action as would be necessary to prevent their spread, or to mitigate their effects. The mortality returns are too late to be of service here, for the epidemic may be at its height before we obtain any indication of its pres-

ence from them. If proceedings were taken immediately it is known that a disease has become epidemic, the results may be such that the mortality returns would show no evidence at all of its prevalence. The massing of returns showing the prevalence of disease, would afford a much more accurate idea of its extent, than could be obtained by any single observer, and the sickness-rate thus obtained would be evidence as to whether a disease had, or had not, become epidemic. The influence of climate, locality, &c., would also be shown in the proportion which existed between the sickness-rate and the death.rate. This information would be useful to the physician in many other ways.

As regards the influence of sanitary conditions, of what value are the isolated experiences of any single observer compared with the information obtained by such a scheme as the one proposed? That some such system is much needed, is evidenced by the hearty co-operation of those who have been made aware of its existence. All the physicians who have been asked to send in returns (and at present it has only been possible to communicate with a few), have recognised its utility at once. The action taken by the Canada Medical Association in appointing a committee to request the Government to supply the necessary stationery, and permit the returns to be forwarded free through the post, is a proof that the necessity for some such system is thoroughly recognised. The scheme itself is very simple as it is at present in operation, but it will admit of extension with great advantage. It may be briefly described as follows: A form for reporting every week contains a list of some of the most common diseases (with a blank space for the mention of those not named in the list). The number of cases of each disease is placed opposite the printed name, and the severity of the disease is noted by the signs =, +, or —, according as the disease is about the same, or more, or less than usually severe. A column for remarks is also added, in which special cases may be mentioned, or reference made to the sanitary conditions. It will probably prove of service, if a column is introduced for stating the age of the person afflicted, and another for the result of disease, as to recovery or death. If the Government adopts the suggestion mentioned above, it is most likely that some form will be devised whereby each person reporting will be able to keep a copy of his report. Experience will no doubt show us, the way to obtain the greatest possible amount of information, at the least possible expenditure of time or labor. In the meantime, the system will be extended as far as possible, and it is hoped that those who take an interest in the work, and are willing to co-operate, will not hesitate to ask for a supply of forms which will be promptly forwarded.

Mr. Monk, of the Meteorological office in this city, is working up this subject during his leisure moments, and we trust that the profession in all parts of the country will kindly second his generous and praiseworthy efforts.

INTERNATIONAL MEDICAL CONGRESS.

The Sixth International Congress of Medical Science was held in Amsterdam commencing Sept. 7th, under the Presidency of Prof. Donders of Utrecht. The proceedings were conducted in the French, and partly in the German language, most of the documents being printed in both languages. There were delegates present from every country in Europe, and America was represented by Drs. Sayre, Seguin and Turnbull.

The Congress opened by a brilliant address in French from Prof. Donders. He surveyed the whole region of medical science in one of the most remarkable, eloquent, and profoundly thoughtful addresses which has for many years been given to a medical audience. He gave to each nation a just place in the progress of medical science. In the evening, a public reception was given by the municipality of Amsterdam, at the Hotel de Ville. The Burgomaster delivered an address of welcome, which was responded to by various delegates present. Dr. Sayre made a happy hit in hailing Amsterdam as the mother city of New York, "We come, therefore," said he "to our mother, and we recognize that to the solidity of character, the perseverance, the culture, and the honor inherent in the highest types of Dutch character, the new Amsterdam, now New York, owes an imperishable debt of gratitude to the old Amsterdam, which now welcomes representatives of America to this Congress." Subsequently in the section on surgery Dr. Sayre was requested to demonstrate his mode of treating spinal curvature, and Pott's disease by suspension, and the plaster jacket. The public meeting of the second day was principally

devoted to an address by Prof. Lister, in reply to various objections which have been made to the antiseptic system. Prof. Lister was received with the greatest enthusiasm, the whole assembly rising to their feet, and with repeated rounds of cheering, waving of hats and handkerchiefs, hailed him with shouts of applause, couched in all languages. The scene is said to have been unprecedented in the history of medical science. When the applause subsided Prof. Donders stepped forward and taking Lister by the hand said, "it is not only our admiration which we offer to you; it is our gratitude and that of the nations to which we belong." Prof. Lister delivered his address in French, with but few notes, in which he answered with great vigor some of the objections which have been urged theoretically and practically to the antiseptic method.

Prof. Virchow delivered an able address on "Medical Education," but being somewhat long and delivered with so little animation it was not by any means a success. He, however, redeemed his reputation as an orator of great brilliancy, in his address to the students on the occasion of their torchlight procession in honor of the Congress. It was a brilliant, noble, and earnest speech, like sparks of fire, "inciting them to noble aspirations, love of truth, and the onward march of science; full of hope, full of promise, and full of solemn warning—such an address as makes an epoch in many a young life."

A paper was read by Dr. Seguin, of New York, on "Uniformity in Weights and Measures," in which he referred to the progress made in the United States, and asked for the formation of an international commission for the purpose of obtaining uniformity in medical records, which was granted. Many other most valuable papers were read in the various sections, and the meeting was in every respect a most successful one. Many specimens of instruments and Pharmaceutical preparations were shown, but the electrical polyscopes by Mr. Trouvé of Paris attracted most attention. By means of these instruments, it is possible to so illuminate the interior of the stomach or bladder as to see into them with perfect clearness.

The next meeting of the Congress will be held in Great Britain.

T. L. Brown, of Ottawa, has been elected by his fellow-students of McGill Medical College, Montreal, as their valedictorian for the year.

AMERICAN GYNECOLOGICAL SOCIETY.

The fourth annual meeting of this society met in the Johns Hopkins University, Baltimore, on the 17th of September, under the Presidency of Dr. T. G. Thomas of New York. There was a large attendance of members present and some very interesting and practical papers were read and discussed.

Dr. J. P. White of Buffalo read an admirable paper on "Intra-uterine Medication," and exhibited the instruments he used in its application. He commonly used the following as a local application, viz: Iodine ℥j., iodide of potassium ℥ss, tannin ℥j, dissolved in glycerine. Dr. Battey of Rome, Ga., also read a paper on "Intra-Uterine Medication by Iodized Phenol." For ordinary purposes he recommended a solution of iodine in liquefied carbolic acid in the proportion of 2 to 8, to be applied by means of a small swab of cotton. The iodine was absorbed and produced a beneficial effect. A prolonged and interesting discussion followed the reading of these two papers in which Dr. Sims, Isaac E. Taylor, Fordyce Barker, Byrne, Mundé, Bozeman, Wilson and Reamy took part. The gist of the discussion showed, that harsh intra-uterine medication was not free from danger, and that greater attention should be paid to the correction of faulty position of the womb, when milder applications would be found to yield equally satisfactory results.

A paper was read by the Secretary from Dr. E. W. Jenks, of Chicago, on "Intra-uterine injections in Puerperal Septicæmia." Another was read by Dr. Chadwick of Boston on "Idiopathic Septicæmia in Gynecological Practice." He included obstetrical cases, and defined septicæmia as a constitutional disorder of limited duration, caused by the entrance into the circulation of a certain quantity of septic material. He preferred to use injections of permanganate of potash as a disinfectant, making a solution of a deep claret color. Putrid matter, he said, when present, changed the color of the solution, when used, to yellow. "Puerperal Septicæmia" was also the subject of an interesting paper, by Dr. A. D. Sinclair, of Boston. He reported 21 cases, of which 9 died and 13 recovered. The treatment was quinine, alcohol, uterine douches of permanganate of potash every three hours, sponge baths, and nutriment in the shape of milk, beef tea, egg-nogg, etc.

Dr. Paul F. Mundé read a very valuable paper on "Prolapse of the Ovaries," a subject which has not received the attention its importance demands. In his opinion it is a very common affection, and frequently accompanies retro-displacement of the uterus. He recommended the use of cotton tampons to retain the organ in position, after having relieved all hyperæmia.

The President then read the Annual Address, taking for his subject "The Gynecology of the Future, and its Relation to Surgery." He noticed some of the chief influences which retarded gynecological and obstetric progress, especially the lack of facilities for demonstration of special views and operations. The result was, a spirit of dogmatism prevailed in regard to certain procedures and remedial measures. He also referred to the need of just and honest criticism of pamphlets and books, and suggested that a standing committee should be established, which should pronounce judgment on current literature. Speaking of gynecological surgery, he advocated greater conservatism, and assumed that an enlightened conservative surgery was the pivot around which was to revolve the gynecology of the future. Many other papers were read and discussed, which we have not space to enumerate. The next meeting was appointed to take place in Cincinnati, on the first Wednesday of September, 1880.

EFFECTS OF "PITHING" ON THE VASCULAR SYSTEM.

A recent issue of the *N. Y. Medical Record* contains an able article under the above heading, from Dr. Poole, of Lindsay, Ontario, in which as a result of personal experimentation, it is held that when the cerebro-spinal centres are destroyed, as in "pithing," the arterial vessels are not dilated, as has been generally taught; but that the arterial system is as empty and contracted as it is possible to be in the case of tubes more or less elastic; while the entire venous system is proportionately distended with blood. Dr. Burdon Sanderson, in his account of this experiment, admits the fact of venous distension, and appears to ignore the actual condition of the arteries, which Dr. Poole claims is really the important point in the operation.

The article concludes with the following summary of the chief points sought to be established:—

"1. Destruction of the nervous centres is attended, not by relaxation of the arteries, as has been asserted, but by a marked contraction and emptiness of these tubes.

2. Arterial contraction cannot be dependent on nervous agency, nor can arterial dilatation be the result of vaso-motor paralysis.

3. The vaso-motor theory at present in vogue is erroneous, untenable, and at variance with the facts it is intended to explain.

4. There are strong and valid reasons for believing that the real function of the vaso-motor nerves is, not to contract, but to dilate the arteries.

5. Similarly strong and valid reasons exist for the opinion, that the varying calibre of the arteries is due to the antagonism between the dilating influence of the vascular nerves and the inherent contractile power of the muscular fibres of these tubes; contraction or dilatation resulting in proportion as one or other of these opposing forces predominates.

The practical importance of these views will be apparent in their application to the phenomena of disease, and the action of that large and constantly increasing class of drugs known to act through the agency of the nervous system."

A Curious Case.—The following rather peculiar case came under the notice of Dr. Howland, of Huntsville, Ont. A young man, aged 20 years, son of Robt. Walker, Esq., of Sinclair, was accidentally shot by the falling of a pistol from his pocket. The ball, a very large one, entered the parietes of the chest immediately over the heart and made its exit at a point directly opposite in the back. To all appearance the ball had passed directly through the chest, but on a careful examination of the wound it was discovered that the ball had taken a most extraordinary course. It had not entered the cavity of the chest but had described a semicircle around it, being diverted by the ribs. The patient after the accident walked about six miles. He appears to be doing well.

Therapeutics and Materia Medica.—At the late meeting of the Canada Medical Association, Dr. Playter read a few remarks on "Therapeutics and Materia Medica;" the object of which was to draw attention to the desirability of a more satisfactory and generally understood and accepted foundation as regards the teaching and practice of

these branches of medicine. He referred to the fact that in most other branches very satisfactory progress had been made, and they were on an enlightened and a rational, and for the most part, universally accepted basis, while on therapeutics and materia medica, and in a measure on the practice of medicine, the widest and most extravagant views were held and carried out in practice. Students in medicine are taught that certain drugs have certain actions, and to give certain medicines in certain diseases, but in practice it is soon found that medicines will not, even usually, produce the effects on the human constitution which as students they are taught to expect; and many consequently lose faith in most drug remedies altogether. Hence, different pathies had sprung up. The doctor made quotations from eminent medical men to show that there is a great want of faith among the older practitioners, in drug medication, as now practiced. He purposes moving, at the next meeting of the Association, for a select committee with authority to request that other like Associations in Great Britain, United States, and other countries, will appoint like committees, and which committees shall endeavor to arrange for a general conference, at some future time, of delegates from all the different Associations to consider the best means by which these branches may be placed on a more rational, uniform, and acceptable basis.

The Ontario Medical Council.— A correspondent who signs himself M. C. P. & S., O., asks the following questions: "What does the Ontario Medical Council mean to do next? I have been shown a letter signed by the President of that august body, ordering all prosecutions of unlicensed midwives, to cease from this time forth.

Hitherto the Council has done the general profession and public at large, a good work by putting down the unlicensed practitioners of midwifery in Ontario, but now this is all to be cancelled. Is it fair for us to pay yearly for protection, and not get it? Are the general practitioners to be taxed to keep up a so-called college and council for no good to themselves, but rather a hindrance. Can the President over-rule the Statutes of Ontario? Answers to these queries will oblige."

Preventive Measures in Diphtheria.—We have been favored with a copy of the report on the preventive measures to be used in limiting the extension of diphtheria, published by the Medical Society of Nova Scotia. Owing to the continued existence of diphtheria in this Province, and the great mortality caused by it, the Medical Society has issued a report on the preventive measures to be used, for public use. The report treats of the contagiousness of the disease, the means to be adopted to prevent it, disinfection, &c.

Detroit Medical College.—The Faculty of the Detroit Medical College have, with commendable spirit, adopted the three years' graded course of study, and an entrance or matriculation examination, for all candidates for graduation. Each session will also be lengthened to six months, commencing on the second Wednesday of September, and ending on the second Tuesday in March following. These new regulations will go into force in the session 1880-81. We congratulate this institution on its progress in the interests of higher medical education.

Amputation at the Hip-joint.—Prof. Gross, of Philadelphia, has performed three successful amputations at the hip-joint. The third operation was performed on the 20th of September, in a case of sarcoma of the thigh. Hemorrhage was arrested by Esmarch's bandage and Pancoast's abdominal tourniquet. The patient recovered without a bad symptom. Lateral flaps were made, and silk ligatures employed; no antiseptics were used.

Inhalation of Turpentine in Hemoptysis.—The inhalation of turpentine in hemoptysis has been recently tried with very marked and beneficial results. It is especially useful when the hemorrhage comes from very small vessels. In rupture of large vessels it has not been so successful, but it is still useful as an auxiliary means of treatment.

Appointments.–Dr. Gamble has been appointed surgeon to the South Wellington Cavalry. Dr. J. S. Edwards has been appointed House Surgeon to the General Hospital, London, Ont. Dr. L. E. Sheppard, son of Mr. A. Sheppard, of Petrolia, has been appointed to the chair of anatomy in the St. Louis Medical College.

Dr. Mitchell of Amherst, N.S., was lately appointed physician to the Maritime Penitentiary, Dorchester, N.B.

CORONER.—J. H. Ryan, Esq., M.D., of Sussex, N.B., has been appointed associate Coroner for the County of Kings, N.B.

REMOVAL.—Dr. Evans, son of Dr. Evans, of Kingston, has removed from Yarker to Picton, Ont. His success is already secured by reason of the high reputation his father had in Picton, where he practised a number of years.

NEWSPAPER PUFFING.—The latest case of newspaper puffing comes to us through the *Patriot*, Charlottetown, P.E.I. We were surprised to find that this epidemic had reached the quiet matter-of-fact people of this fair sea-girt Province.

THE chaff, the controversies, and worn-out theories, which beset the practitioner and disturb the student, are chargeable to men who have written for reputation or notoriety, rather than from experience, reflection, and classified knowledge. — *Dudley.*

Reports of Societies.

OXFORD MEDICAL ASSOCIATION.

The fourth quarterly meeting of the Medical Association for the County of Oxford, was held in Ingersoll, on the 23rd ult. A large number of members were present. The President, Dr. Williams, occupied the chair.

After the reading of the minutes of the previous meeting and other routine business, Dr. Turquand of Woodstock, read a paper on "The Action of the Bromides in Nervous Diseases," which elicited a good deal of discussion from the members present, Drs. Hoyt, Walker, Scott and Williams taking part.

On motion, the thanks of the Association were tendered to Dr. Turquand for his very able and interesting paper, and the printing committee was instructed to forward a copy for publication in the CANADA LANCET.

A discussion then followed on the type of malarial fevers now prevalent in the county. Dr. Clement strongly recommended large doses of sulphurous acid in the treatment of these fevers.

On motion, the printing committee was instructed to have 150 copies of the electoral division tariff of fees printed, for distribution among the members of the Association.

The next meeting will be held in Woodstock, on the second Thursday in January, 1880, when papers will be read by Drs. Swan and H. M. McKay, of Woodstock, and Dr. Clement, of Innerkip.

A. MCKAY, *Secretary.*

Books and Pamphlets.

A TREATISE ON HYGIENE AND PUBLIC HEALTH. —Edited by Albert H. Buck, M.D. New York: William Wood & Co. Toronto: Willing & Williamson.

The history of human nature establishes one important truth, that all the evils connected with man's physical and organic condition originate in the violation or neglect of those laws which the Creator has appointed for the regulation of that stupendous machinery known in the aggregate under the name of the world. If any one will examine attentively every morbid state he will find that this is the case. He will be satisfied that the relations established by the Creator between the body and other agents acting upon that body, have been neglected or disturbed. "*Prevenir vaut mieux que guerir.*" The scope of scientific hygiene or sanitary science is not merely to preserve health and prevent the development of disease; it aims also at ameliorating and perfecting the various instruments of life, and at promoting the full development of all the powers of the system. It is a great error to suppose that sanitary science is a modern institution and practice, as it dates back to the very earliest recorded period. In the 13th chapter of Leviticus, we read of a medical officer of health endowed with fuller and more stringent powers, than the State at the present day accords to any such officials. Strict rules are laid down for the separation of the sick from the healthy, that it would be well for communities to adopt at the present day in relation to zymotic diseases, which we can never hope to effectually stamp out except by complete isolation; this, under the Mosaic rule, was most effectually done. Dr. Fergus in a recent lecture very aptly remarks: "A rule must be made from the highest to the lowest; immediate notice must be given to the local authority of every case of infectious disease, so that every possible means may be taken to prevent its spread. Some will say that this is an invasion of personal liberty. Lib-

erty, however, never became license, and the mere fancy or will of an individual ought never to endanger the health of the community." The attention of medical men has, as a rule, been directed more to the results of the violation of the laws of nature, rather than to the laws themselves. It is true that the medical mind may be slow to perceive that prevention is worth more than a cure, as from an interested point of view it would certainly be worth much less, and the less hygienic means are attended to, the greater the call for the doctor when sickness shall have warned the patient that nature requires repair. More dignified views of our profession should be entertained than the practising it as a trade from which, "*per fas et nefas*," the utmost amount may be derived.

That the exhaustive treatise before us will to the uttermost fulfil the meaning and intents of hygiene, we have no question, as on this special subject it is as full and comprehensive as Ziemssen's Cyclopedia of Medicine, of which it is to constitute the section on Public Hygiene. The first volume takes cognizance of the following subjects: Prefatory remarks, causes of disease; jurisprudence of hygiene; infant hygiene; food and drink; drinking water and public water supplies, physical exercise; care of the person, habitations, atmosphere, general principles of hospital construction. The second volume is taken up with the subjects of hygiene of occupation, hygiene of camps, hygiene of the naval and merchant marine, hygiene of coal mines, hygiene of metal mines, infant mortality, vital statistics, adulteration of food, public nuisances, quarantine, inland quarantine, small-pox and other contagious diseases, hygiene of syphilis, disinfectants, village sanitary associations, and school hygiene. All these subjects abound with the most instructive practical information. The numerous illustrations are admirably executed, the paper, type, and binding of the choicest character, and the contributors to be reckoned among the best writers of America. So truly creditable and excellent a work should not only be found in the libraries of medical men, but should also be in the hands of all city officers of health.

A Clinical Treatise on the Diseases of the Nervous System, by M. Rosenthal, Professor of the Diseases of the Nervous System at Vienna, Vols. I. & II. Translated by L. Putzel, M.D., New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This is another of the valuable series issued by the spirited establishment of W. Wood & Co., of New York, and we do not hesitate to commend it to the studious perusal of every physician who desires to acquire a more clear and extended knowledge of the deeply interesting class of diseases treated of by the distinguished author. It is, perhaps, the most comprehensive, and at the same time the most concise and accurate, exposition of the multiform, and very often obscure and puzzling, morbid affections of the brain and spinal cord, and their appendages, yet presented to the medical profession. No reader of extended pathological observance and research, can rise from its captivating perusal, without the conviction that Professor Rosenthal has not ventured into print before possessing himself of an ample treasury of carefully stored facts, which he has turned to excellent practical use.

It would be quite easy for us, even at random, to cite numerous extracts corroborative of the eulogium we here gratefully tender. We must, however, restrict ourselves to only one or two. The following from the 1st chapter, on "*Internal Pachymeningitis*," describing the *Pathological Anatomy* of the disease, is, as we know, from extensive autopsical observance of cerebral diseases, a most truthful depiction.

"The internal surface of the dura mater is covered with a yellowish exudation, and strewn with ecchymoses; or a thin layer of dense fibrin is present, which, with care, may be separated from the underlying membrane. At a later period, a very thin fibrous membrane, abundantly supplied with capillaries, forms at these spots, either on one or both sides of the brain, and especially at the convexity. In consequence of the duration and extent of the inflammation, numerous layers 10@20) are super-imposed upon the false membrane. Delicate blood vessels develope in arge-meshed plexuses, which often rupture, give rise to hemorrhages either between the layers of false membrane, or between the latter and the dura mater, (hemorrhagic pachy-meningitis of Virchow.) These hemorrhages which vary in volume, being more profuse at the centre and thinning off at the edges, are united into circumscribed layers (simple or circumscribed) which adhere more or less firmly to the adjacent dura mater and arachnoid, and constitute Virchow's hæmatoma of the dura mater. These rounded cysts contain blood or serous fluid in various proportions, and are found especially on the convexity of the hemispheres; more frequently in the anterior and middle regions than posteriorly, and sometimes in the cerebral fossæ. The hæmatoma oc-

cupies either one or both sides, and causes cerebral compression. This prolonged compression leads to partial atrophy, softening and discoloration of the cortex, with thickening of the meninges."

The above detail of morbid conditions so exactly coincides with notes of cases made many years ago by the writer, that he might almost be tempted to suspect Professor Rosenthal, (did not great distance preclude the delusion,) of having had a stolen peep into certain records, which may never be exhumed from their present sepulchre.

The following summary of symptoms arising from "tumours on the anterior lobes of the brain," are as faithful to observed facts, as they are instructive to all who would desire information on this formidable morbid condition. "Diffused or frontal headache, symptoms of irritation or depression of the psychical faculties, convulsions, epileptiform attacks, hemiplegia, the frequency of disturbances of speech, (generally assuming the characters of aphasia), the rarity of disorders of sensibility and *of the special senses.*"

We have italicised the only words in the preceding passage, which we regard as exceptional; for we are certain of having met with some cases in which they would not have held good. Tumours on, or, at least, beneath, the frontal lobes, do not leave the special senses of smell and sight intact. We have seen both loss of smell and sight consequent on their presence. We close this brief notice by earnestly commending the book to all our readers.

MANUAL OF THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY.—By Stephen Smith, A.M., M.D., Surgeon to Bellevue Hospital, &c., New York. Boston: Houghton, Osgood & Co. Toronto: Willing & Williamson.

This work is really a very complete manual of surgery. It contains the fullest details regarding all surgical operations, and also the medical and surgical after-treatment. The pathology of surgical affections is only briefly touched, a circumstance much to be regretted, in what is otherwise an excellent treatise. The author accepts Lister's antiseptic treatment, and gives a full description of the application of the antiseptic dressings. Considerable space is devoted to the reparative surgery of the face, and much interesting and valuable information given in regard to it. Dr. Smith recommends the "overwhelming method" in regard to the administration of ether. He says the first charge of ether for an adult, should be from one and a half to two ounces. The book is well illustrated, containing no less than 733 wood engravings, which is more than is contained in some of the larger volumes on surgery. The printing and press-work are in the highest style of the art.

A MANUAL OF MIDWIFERY FOR MIDWIVES AND MEDICAL STUDENTS.—By Fancourt Barnes, M. D., (Aber.) M.R.C.P., Lond., &c. With illustrations. Philadelphia: H. C. Lea. Toronto: Willing & Williamson. $1.25.

The ordinary duties of the midwife are clearly set forth in the work before us, and the work cannot fail to be useful to the class for whom it was written, if they will but make themselves masters of it. If the so-called midwives, or monthly nurses, will attend cases of confinement, they should at least have some intelligent idea of the most necessary procedures. The illustrations are tolerably good, and will enhance the usefulness of the book.

THE STUDENT'S POCKET MEDICAL LEXICON—Giving the correct pronunciation and definition of all words and terms in general use in medicine, with an appendix containing a list of poisons and their antidotes, &c. By Elias Longley. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

This vest-pocket companion will be found especially useful to medical students attending their first course of lectures. The work is prepared with care, and will most satisfactorily meet the wants of those for whom it is intended.

Births, Marriages and Deaths.

On Sept. 29, at Lobo, the wife of Dr. G. Hutchins Case, of a son.

On Sept. 4th, Wm. J. Gracey, M.B., of Comber, to Miss Maria A. Lawrence, daughter of Mr. H. Lawrence, of Hullet, Co. Huron, Ont.

On Oct. 1st, Dr. A. C. Graham, of Fort Erie, to Isabella, youngest daughter of Jacob Keefer, Esq., Sydenham, Ont.

On the 24th ult., E. L. Hopkins, M.D., of Hamilton, Ont.

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Original Communications.

ON THE TREATMENT OF FEBRILE DISEASES BY THE APPLICATION OF COLD.*

BY T. K. HOLMES, M.D., CHATHAM, ONT.

GENTLEMEN,—I intend in this paper to present for your consideration some observations on the therapeutic uses of cold applied externally. The subject commends itself to me on account of the great efficiency of this agent in properly selected cases, and also on account of the neglect it has suffered at the hands of the profession generally.

There is reason for believing, that beyond sponging the bodies of fever patients with cold water for a few minutes night and morning, its employment is seldom resorted to by medical men in general practice. While sponging the skin for ten minutes with cold water may cleanse it and so render a patient more comfortable, it will not reduce the temperature, when much above the normal, one half of one degree Fahr. It is as an antipyretic that cold applications will be considered in this paper ; it is therefore desirable to inquire into some of the phenomena of the febrile state. No question in experimental science presents greater difficulties than that of the causes of fever and their mode of action in producing it. By the light already shed on this subject it is justifiable to believe that essential fevers result in most cases from the introduction of a poison into the system, and that its presence initiates that complexus of morbid phenomena known as essential fever. As heat is only a mode of motion, all abnormal elevation of temperature in the animal organism must be the result of excessive motion therein, and is only an index of morbid processes taking place in disturbed cystogeny and retrograde metamorphosis. An eminent English writer, whose name I forget, believes the heat of fever to be the result of intensely rapid cell generation, but as the elevation of protoplasm to more complex matter is a synthetical process, heat would be used and not produced in accomplishing it. It may be, however, that cells thus rapidly formed, being ephemeral in their nature undergo equally rapid disintegration, and are decomposed into substances much simpler in chemical composition than the protoplasm from which they were formed, and that the excess of heat so produced over the amount used in the cell formation accounts for the increased heat observed in the pyrexial state. If, to heat so produced, be added that resulting from rapid retrograde metamorphosis of tissue previously formed, a plausible explanation of the rise in temperature is reached. In whatever way produced, the abnormal temperature becomes the chief factor in a chain of morbid action always injurious and often dangerous.

I have here the heart of a turtle recently removed from the body. It will be observed that when heat is applied by holding the plate over a lamp, the pulsations become more frequent, and that placing it on a piece of ice causes the heart to beat more slowly. Placing it again over the lamp the pulsations immediately increase in frequency, and again changing it to the ice the pulsations fall as before. This phenomenon was first observed by Dr. Brunton, and suggested to my mind the propriety of instituting a series of observations on the action of cold applied to the surface of the human body during febrile action.

The result of these observations has convinced me, that in the external application of cold we possess an agent that merits far more attention from the profession than it receives. Although we cannot apply heat and cold directly to the human heart as has been witnessed in the experiment just made, we can deprive the blood in the superficial capillaries of its heat and send it back in a cooler stream to the laboring and exhausted heart, and so produce a similar effect to that produced by cold upon the heart of the turtle. The nerves of the heart are not alone susceptible to the influence of heat and cold, but every organ under the control of the great sympathetic, responds to the influence of these agents. Nor is this all. It will be shown in this paper that they are also capable of producing, by reflex action through the cerebro-spinal system, the most marked effects upon the organs

* Read before the Canada Medical Association in London, Sept. 11th, 1879.

normally under voliticnal control. The sequence of morbid processes in fever seems to me to be as follows: 1st, the generation within the body or the introduction from without of a poison; 2nd, excessive molecular motion in tissue undergoing disintegration as a result of the presence of such poison; 3rd, the transmission of the resulting heat to nervous centres, by the sympathetic filaments to their ganglia, by afferent nerves to the centres of the cerebro-spinal system, and to both by the blood. 4th. Reconversion of heat into motion as seen in increased functional activity of the heart, lungs, skin and some other organs, and in some cases in the violent explosions of force as manifested in convulsions of the voluntary muscles.

It will be found on examination that the successful treatment of fever has for its object the arrest of one or all of these diseased actions. We attempt to eliminate the poison that has initiated the train of morbid action, or failing to do so we try to arrest the undue metamorphosis of tissue by diminishing the oxygen-carrying power of the blood. We try to allay reflex action in the nervous tissue or we endeavour to convey from the body the excess of heat generated.

If we succeed in eliminating the poison or in neutralizing it, the patient is cured and our aim accomplished, but from the nature of the poison we are often unable in the present state of medical knowledge to do either, and so excessive molecular motion goes on, heat continues to be generated in too great amount, and we have no alternative but to interpose obstacles to the passage of oxygen to the tissues in which the morbid process is being carried on, and at the same time to aid in the removal of heat as fast as it is generated. The former we accomplish by the administration of various antipyretics as quinine, veratrum viride, aconite, digitalis, &c., while the latter is best accomplished by abstracting heat from the body by the external application of cold. Heat generally produces such violent action in the circulatory organs as to rapidly exhaust them and render them incapable of bearing further depression by therapeutic agents, so that many drugs acting as most of those just named are inadmissible. Their action moreover, is often too slow to render them availing in the preservation of life.

It is under these circumstances that the rapid abstraction of heat becomes of paramount importance in affording relief or in saving life. We know that a temperature of 106° F. or higher is incompatible with life if continued for even a comparatively short time, whatever the disease may be, and we know of no internal remedy that will reduce it to the health standard as quickly, safely and certainly as cold applied externally.

If a well developed child weighing thirty pounds and having a temperature of 106° F. be placed in a bath of water at 50° F. there will be no perceptible fall in the axillary temperature for three minutes; the mercury will then begin to fall very slowly and in about fifteen minutes will stand at 98½° falling much more rapidly the last three degrees. The rapidity with which the temperature falls is not the same in every case and cannot be prognosticated; it is well therefore to always keep a clinical thermometer in the axilla and remove the patient from the water when the mercury has fallen to 99½° as there will be a further fall after removal from the bath.

The temperature may be reduced with almost equal facility by sponging the whole body with whiskey or brandy and fanning the wet skin at the same time to promote evaporation. This method indeed is often preferable. As cold water is apt to alarm young patients and is unpleasant at first, it is better to have the bath tepid and rapidly cool it by the addition of cold water or ice until our object is attained. This precaution is unnecessary when from any cause the patient is insensible, which is generally the case in infantile convulsions.

The most notable changes that accompany the fall in temperature are those pertaining to the nervous and circulatory systems. The pulse becomes less frequent, slower and softer, nervous excitability is allayed, muscular spasm ceases, sleep is often induced while the patient is still in the water, and is almost certain to supervene on removal from it. In some cases, the temperature having been thus reduced there is no subsequent rise, the case progressing to rapid recovery; but in many diseases it is necessary to repeat the bath at such intervals as will be indicated by the rise in temperature. By keeping the patient in a cool, well ventilated room, and resorting to the use of the sponge bath and the use of a fan, the repetition of the cold bath will only be required at long intervals and may not be required at all. Experience has led me to the conclusion that children are more intolerent of in-

creased temperature than adults and that it is in febrile diseases of the former we can accomplish most by the use of cold externally.

The febrile diseases in which I have found this treatment to be most useful are diarrhœa, dysentery, scarlet fever, acute bronchitis and convulsions, complicating febrile action. I have also treated acute pleurisy, pneumonia, and cerebro-spinal meningitis in this way, but not a sufficient number of cases on which to base any conclusions. I may say, however, that the cases of pleurisy seemed to be benefited, but the cases of pneumonia and cerebro-spinal meningitis terminated fatally, although not, I believe, on account of the cold water treatment.

A large number of children die every summer from acute diarrhœa. The attack usually comes on suddenly, the stools are frequent, the stomach sick, and the temperature high; If seen a few hours from the beginning of the disease the child will be found restless and pained, the stools offensive and unnatural in color, the features pinched and pale, the eyes sunken and often the feet and hands cold. The patient moans and moves the tongue about the mouth in a peculiar manner, and often makes efforts to vomit when no food or drink has been taken. If the case be allowed to go on, the pupils become contracted, the breathing labored, the extremities colder and bluish in color, the pulse frequent and feeble, the fontanelles depressed and the child rolls its head from side to side on the pillow. If the axillary temperature of that child be tested, it will almost certainly be found to be between 103° and 106° F., notwithstanding the coldness of the extremities. Such cases must have relief promptly or they will all die. The indications are to rid the bowels of offensive accumulations, to arrest the vomiting, to preserve the strength and to reduce the temperature. Purgatives will seldom remain on the stomach, nourishment and stimulants are rejected in the same manner; it is generally useless to administer antiemetics, and even if we could wait for the action of drugs that reduce the temperature, they would, as a rule, be inadmissible on account of their depressing influence on the circulation. If a child in this condition be placed in a cold bath for from five to twenty minutes, according to the heat of its body, and the coldness of the water, the temperature will fall to the normal standard, the heart will beat with more force, the thirst will be less intense, the circulation will become equalized, sleep will generally be procured, and the stomach will retain nourishment and medicine. If, after a few hours the temperature rise again, the bath can be repeated, but by allowing the child to lie naked and be sponged and fanned its repetition may not be necessary, for if, in the meantime a purgative dose of rhubarb or castor oil be given the tendency to a rise of temperature will not be so great. I have frequently seen children that had tossed and moaned for hours fall into a quiet sound sleep in the water in a few minutes, and continue to sleep well after being taken out. As an illustration I have transcribed from my case book the following typical cases.

Case I.—July 27th, 1878.—J. Ellson, æt. 5 months, strong and well nourished, has had diarrhœa for forty-eight hours, and the mother thinks fever also. Looks distressed, temperature 105° F. pulse 130, evacuations greenish and offensive and about twelve a day. Ordered rhubarb and soda bicarb. aa. grs. iv. every two hours.

28th, 10 o'clock, a m. The child has not rested but cries and tosses about incessantly, the extremities cold and temperature 105° F.; no pulse at wrist, breathing labored, fontanelles depressed, eyes sunken, features pinched and bluish and it refuses to nurse. Put it into water from the well until axillary temperature fell to 99½° when the child fell asleep. Soon after its removal from the water the pulse returned at the wrist, and the body and extremities became of about uniform warmth. At 1.30 p.m. the temperature had risen to 104° and the child was again restless. Repeated bath with same result as at first.

29th—Rested well all night and has nursed several times, temperature 99½°. Parents had used sponge bath and fan frequently through the night. Stools greenish. Ordered a dose of castor oil and chloral enough to make it rest.

30th—Passed a comfortable night and nurses well; has been sponged several times during last twelve hours; temperature 99½°. After this an occasional dose of rhubarb and soda was the only medicine given, and the child soon recovered entirely.

Case II.—July 12th, 1876, 10 o'clock, a.m.—Casper Schwemler a robust child five months old has had diarrhœa for three days, but not very ill

until yesterday, since when it has neither nursed nor slept, but has constantly uttered half suppressed cries. It is pale, hands and feet cool and skin dry. Gave a purgative dose of rhubarb and calomel.

3 o'clock, p.m.—Bowels well moved by the medicine, the last evacuation being natural in color. Extremities cold, pulse imperceptible, pupils contracted, face leaden hue and thirst intense. The axillary temperature to my surprise was 105°, for I had been deceived by the coldness of the extremities and the general appearance of the patient, and did not expect to find temperature so high. Gave half a drachm of brandy and put it into a tepid bath, and rapidly cooled it by the addition of cold water. In ten minutes the temperature fell to 102°, and sleep came on for the first time in thirty hours. When the mercury fell to 100° I removed the child from the water and it slept most of the afternoon and was not thirsty. As the temperature fell the pulse became better and the pupils larger. 8 o'clock, p.m., temperature 103°, child sleeps well and looks comfortable. Bath repeated and temperature reduced to 99° in five minutes.

13th, 10 o'clock, a.m.—Rested well all night and nurses, temperature 103°. Ordered a dose of castor oil. 11 o'clock, a.m.—Child has had two convulsions within last few minutes, is insensible and temperature 105½°. Repeated the bath and reduced temperature to 98½°. After this the temperature never rose above 101°, the bath was not resorted to again, and in a few days the child was well.

Case III, Bronchitis, Jan. 5th, 1879.—N. Clarke, æt. 14 months, ill five days with what the parents thought an ordinary cold.

I saw it on the fifth day of its illness, and found it with well-marked acute bronchitis, tem. 105°, pulse 140. Abundant râles over both lungs. For the next five days the treatment consisted of hot fomentations to the thorax, with occasional applications of turpentine to keep up slight counter-irritation, and the administration of quinine with small quantities of Dover's powder. An aperient given when required, and the child was allowed to nurse. The symptoms underwent but little change until the 10th, when great restlessness came on. The breathing was very rapid and there was constant moaning and rolling of the head. Extremities cold, pupils small, tongue dry, pulse too frequent to count, and tem. 106°.

Fearing the child would die unless relieved promptly, I felt justified in trying the effect of cold externally, which I did by removing hot fomentations, sponging the body with brandy and fanning it vigorously. At the end of half an hour, the temperature had fallen to 99°, and the patient was sound asleep, pulse slower and fuller, breathing easier and extremities warmer. I then instructed the attendants in the use of the thermometer, with the request to keep the axillary tem. as nearly 100° as possible, by the means just used.

11th. Instructions have been observed, and child has rested well and has not been very thirsty. Tem. 100°, resp. 35, pulse 130. Thinking the disease had passed the climax and that convalescence would go on, I advised the mother to put on the child a thin night-dress, and to omit the application of the brandy.

12th. The parents informed me that in four hours from the time the sponging was stopped, the child became restless and worse in every respect, and that the temperature rose to 104°, when they again resorted to the cold sponging with same beneficial result as before. For the next three days it was necessary to continue the cold applications several times daily, after which time the fever disappeared and the child made a good recovery.

In my own experience, eighty per cent. of all cases of convulsions in children occur during fever, and I believe are nearly always caused by the elevation of tem. alone. The ordinary treatment of such cases is unsatisfactory. Chloroform, first recommended by Sir James Simpson, will control the spasms, but in many cases these recur in such rapid succession that no intermission can be perceived; they continue whenever the anæsthetic is stopped, and our only recourse is to continue its administration until the fever yields to medicine, or subsides spontaneously. I have followed out this plan of treatment in many cases, often successfully and frequently not so.

I have notes of four fatal cases, in which the inhalation of chloroform was continued from six to thirty hours. The administration of medicine in these cases is always difficult, sometimes impossible, and is generally attended with risk to the already weakened heart. This is true of bromide of pot. chloral, veratrum. aconite, &c., while quinine acts too slowly to be depended upon in any severe case. Warm or hot baths are sometimes

useful, when by inducing perspiration, they reduce the temperature, but every medical man knows that they often fail to arrest the convulsions.

The cold bath fails so seldom that it may be considered a specific. The spasms will frequently continue until the temperature has been reduced to 98½°, but at this point they are almost invariably arrested. Several years' experience with this plan of treatment has inspired me with the strongest confidence in its usefulness, and yet a desire not to have its value over-estimated, compels me to admit that there are cases in which convulsions will return or continue, notwithstanding the reduction of temperature, but such cases are rare, and probably are complicated by organic lesions, as tubercular meningitis. The following cases will illustrate the comparative value of the cold water treatment of convulsions, complicating fever.

Case IV., July 3rd, 1875, M. A. æt. 2 years, strong and well-developed, was taken suddenly ill last evening with dysentery and fever, which lasted all night, and at 7 this morning there was a convulsion. At 8 o'clock I saw him, tem. 103°—restless. Ordered a large dose of castor oil, and one-third of a drop of the fluid extract of aconite every hour while fever lasted. Another convulsion occurred at 10 a.m., and another at half-past 10, when I began the administration of chloroform. At noon the oil had operated well. At 2 p.m., the convulsions recurred and continued for two hours with no intermission, although the patient was partially under the influence of chloroform during the time. At 4 p.m. they were as violent as possible, tem. 105°, pulse 150, breathing noisy and labored, a light frothy foam was constantly discharging from the mouth and nostrils, and death seemed inevitable. I now put child into bath at 50°, and added ice and ice water. In ten minutes the breathing became easier in fifteen minutes, the tem. was 102°, and in twenty minutes 99°, and the pulse 110. All spasms had ceased, and the child was replaced in bed. It slept soundly for half an hour and awoke with no bad symptoms. There was no return of fever, and no further treatment was required.

Case V.—Feb. 5th, 1871.—L. Lamont, æt. 6 years, was first ill this morning with chill followed by fever (malarious). At 1 p.m. convulsions came on and continued without intermission, until 5 p. m., when she died. The treatment consisted of warm baths, castor oil, injection to move bowels, bromide of pot. and hydrate of chloral. The temperature the whole afternoon was 104°. Chloroform was administered part of the time.

Case VI.—Sept. 26th, 1872.—P. T., a strong boy, 8 years old, was well until noon to day, when chill came on, followed by fever and convulsions, which still continued when I arrived at one o'clock p.m. The attendants had just removed him from a warm bath. It was impossible to get him to swallow anything. Applied cold to the head, gave an enema and put him under chloroform, which controlled the spasms, but they always returned when it was omitted. The enema acted well, the chloroform was continued, the temperature remained at 106°, the pulse became gradually weaker and more frequent, and after three hours he died.

Case VII., Oct. 28th, 1876.—C. Gore, æt. one year, was never ill till last evening when fever came on and lasted all night. At 7 o'clock this morning convulsions began and lasted without intermission until half-past 11 a.m., when I saw the child and found him convulsed and senseless, with a tem. of 104°. Used cold bath and in ten minutes tem. fell to 99°, the spasms ceased and consciousness returned. The child remained well until the following Thursday (4 days), when it again had fever and convulsions beginning as before. The parents, having witnessed the beneficial effects of the former treatment, put the child into a cold bath, and in a few moments he was well and remained so afterwards.

In carrying out this plan of treatment, care is required to protect the bulb of the thermometer from contact with the water, by keeping the arm pressed firmly to the side. The application of cold should not be continued after the tem. has been reduced to 99°, as there will be a further fall after it has been stopped.

ERGOT *VS.* BRANDY IN UTERINE HEMORRHAGE.

BY THOMAS W. POOLE, M.D., LINDSAY, ONT.

A very recent issue of the Lancet contained reports of cases of severe uterine hemorrhage, in which, notwithstanding the repetition of large doses of ergot and the free use of alcoholic stimulants, *the flooding continued.* I do not refer more point-

edly to the article containing these reported cases, because it is not so much with these special cases, as with the general practice, of which they are typical, that I wish to deal.

A little consideration, surely, will show that ergot and brandy (or whiskey) produce opposite effects on the vascular system; that while ergot contracts the arterioles generally (as proved by microscopic and ophthalmoscopic observation), and in so doing lessens blood supply and arrests hemorrhage, brandy, on the contrary, dilates the arterioles (as in flushing), excites the heart to increased action, and thus produces an effect on the circulation the very opposite to that of ergot,—and one not only most undesirable, but even dangerous in actual or threatened hemorrhage. It seems desirable in the interests of sound practice and for the safety of our lying-in patients, to characterize the practice of simultaneously or alternately administering ergot and brandy in the class of cases referred to, as erroneous and unjustifiable.

We are far from denying that in extreme cases of exhaustion, when the heart is failing, and arrest of the circulation is threatened, a prompt stimulant is called for; but this is a different thing from administering whiskey or brandy during and at the close of labor, *with a view of assisting the action of ergot*, or *bringing about the desired uterine contraction.*

Every practitioner knows how unreliable the ordinary tincture of ergot is found to be; and though there may be pharmaceutical reasons why the tincture does not contain all the active principles of the drug, we are strongly inclined to the opinion that the chief reason for its failure is that the dilute alcohol it contains is sufficient to prevent or counteract the proper action of the ergot it holds in solution from exerting its expected influence over the arterial and uterine muscles.

During the earlier years of our practice we had a series of very severe hemorrhagic cases, which we have since attributed to the permission given the patient to use whiskey or brandy (then too often the custom) during or at the close of labor. We have been much more fortunate in this respect since avoiding alcoholic stimulants in these cases, and would not think of permitting their use, especially where hemorrhage was present or even anticipated.

It is no valid argument against the foregoing views that in some instances brandy increases uterine activity and hastens labor. In the case of other patients the effect is the very reverse. The difference may be accounted for owing to the different susceptibilities of the patients. What is a stimulant for one is a sedative or depressant for another, and favors or retards uterine contraction accordingly. Alcoholic liquors when taken to full narcotism—that is complete drunkenness—produce arterial contraction and surface paleness and coldness, and in this stage of its effects alcohol becomes an ally of ergot. But before this stage is reached the previous one of stimulation, with its vascular excitation has to be passed through, so that for this and other obvious reasons, alcoholic narcotism, as well as alcoholic stimulation, is inadmisible in the treatment of hemorrhage.

Here we might stop, and perhaps we ought to do so. We have said our say—entered our protest, and attempted to justify it, and there only remains to make our bow, and retire. But every man who has a hobby is expected to trot it out on all possible occasions, and as we are one of these fortunate individuals, we append what follows, on which the editor can practice "excision" if so disposed.

The safety of the parturient woman depends on securing due contraction of two sets of muscular tissue, that of the muscular coats of the arteries and of the larger uterine muscle itself. Hence it becomes important to enquire on what muscular contractile power depends. All physiologists declare that this power is an inherent endowment of muscular tissue, and that even the uterus is in no way dependent upon nervous agency for the exercise of that power. (Dr. W. B. Carpenter, Human Phys., pp. 979, 980, &c.) The contractile power of muscle is impaired by atrophy or degeneration of its tissue, and is increased by its own healthy nutrition. Although depending, in this way, on vital processes, and subject to co-ordinate control through the agency of the nervous system, muscular contractility is so far independent of vital dynamics that it survives the general death of the organism, and in *rigor mortis* displays "the most steady and persistent contraction which muscle can possibly exhibit," (Dr. Anstie) yielding at last only to the disintegration of putrefaction. How then, do agents like ergot, acetate of lead, &c., produce the desired uterine and arterial muscular contrac-

tion, whereby post-partum hemorrhage is ordinarily arrested?

Not by acting as nutrients to these muscles, and so increasing their contractile power, for which these agents are unfit, and for which time cannot be afforded. Nor is the bleeding arrested by any direct astringent or styptic effects exerted on the uterine vessels through the general circulation, for which the quantity administered is too small; and such an effect, if it could be produced so as to choke the bleeding vessels, would be dangerous to the organism. Besides, microscopic and ophthalmic observations have shown that ergot actually reduces the calibre of the arterioles throughout the body—a sufficient explanation for the arrest of the hemorrhage.

Nor is this muscular contraction the result of any stimulus imparted *directly* to the muscular fibre, which is not amenable to excitation in such a way—the contractile power of a muscle being a comparatively fixed quantity, resulting from its state of nutrition at the time, and the freedom with which its various parts are brought into simultaneous action. Nor is muscular contractile power due to any stimulus conveyed to it from the nervous system, for Dr. C. B. Radcliffe has quoted authentic physiological experiments to prove that the contractile power of a muscle is most strongly exerted in proportion as the influence of the nervous system is withdrawn. (Lec. on Epilepsy, Paral. and Pain, pp. 95-100.) And in so far as this concerns the uterus, Dr. Carpenter shows that not only is post mortem parturition authentically recorded, but that normal parturition has occurred in cases of paraplegia, where the spinal functions were necessarily inactive. And besides, who would think of administering either ergot or acetate of lead as a vital stimulant to nerve or muscle!

Arterial contraction occurs to the greatest extent possible in the general death of the organism. *Ergot tends to produce a state of the arteries similar to that which occurs in the extinction of nerve force by death.* This fact alone, were there no others, would show that ergot is not a stimulant to the arterial muscle; and if not a stimulant to the arterial muscle, it is not a stimulant to the uterine muscle, both of which may be regarded as obeying the same laws and subject to the same influences.

The foregoing facts, we believe, show that the action of ergot is to partially paralyze the dilating power of the vaso-motor nerves of the arterioles (as death does to a greater extent), and then, in one case as in the other, the inherent contractile power of the arterial muscle asserts itself, contracting the calibre of these vessels to a greater or lesser degree, and arresting hemorrhage when this is present By an application of the same principles to the uterus itself, ergot would be held to paralyze the motor nerves of that organ, which ordinarily *restrain* its muscular contractions, and the uterine muscle being thus set free to exert that independent contractile power, which Dr. Carpenter ascribes to it, it does so accordingly, with the increased effect we witness under the action of ergot. That ergot should be regarded as a paralyzer, rather than as a stimulant, will be no way surprising if a reference is made to the general effects of this drug as described by Dr. Pereira.

Electricity also produces arterial as well as general muscular contraction. That it is a paralyzer of nerve force we think cannot be doubted. It sets the muscle free to contract, as does ergot, only much more suddenly and by a paralysis of the nerve more intense while it lasts. In moribund cases it hastens the onset of rigor mortis, and thus shows, that like ergot, *it tends to produce a condition of the muscles similar to that occasioned by the cessation of nerve action.*

Water, not merely warm, but *hot*—ranging from 117° to 124°Fah.—also arrests uterine and other hemorrhage. A recent writer in a leading journal suggests that it does this through the agency of the vaso-motor nerves. Is it not as fair to infer that water so hot, paralyzes these delicate nerve fibrils, as that it excites them; and that as a consequence, the less vital and less impressible contractility of the arterial muscle is set free to contract, and so to occlude, these tubes? The truth of this view of the case finds confirmation in the fact that if a frog be placed in water, the temperature of which is raised to 42°C., or 107½°Fah., it speedily dies of "tetanic heat rigidity." Would anyone say, as the frog was dying, that its nervous centres were excited, and as a consequence were "discharging" nerve force in excess, as a result of which, its muscles were so strongly contracted? If so, why does the frog die with its nervous system acting so vigorously?

When the parturient woman suffers from a cramp in her limb, do we attribute the knotty and con-

tracted condition of the muscle to an excess of nerve force, stimulating it to an unwonted degree, or rather to temporary paralysis of the nerve trunk from pressure in the pelvis, which for a time deprives the muscle of its ordinary nervous restraint?

That ergot, acetate of lead, electricity and hot water are depressants of nerve force is further shown by a comparison of their effects with that of brandy, which is an undoubted stimulant, and as such excites the vaso-motor nerves so as to induce arterial dilatation and increased vascular activity. As the other agents mentioned produce the very opposite effects, they cannot be regarded as stimulants, and if not, then it is difficult to see what explanation of their mode of action other than that given above is possible, consistently with the foregoing physiological facts.

Lindsay, Ont., Nov. 5th, 1879.

SEVERE INJURY TO THE BRAIN.—RECOVERY.

BY DRS. N. R. COLTER AND STEPHEN SMITH, WOODSTOCK, N.B.

We enclose the following notes, made from memory, of a case which has recently occurred in our practice, and which seems to us worthy of record, in view of the speedy recovery from a severe injury, and the amount of brain tissue lost, without any apparent effect on the intelligence of the sufferer.

On Saturday evening, Sept. 20th, Dr. Colter was called about nine miles into the country, to see a girl named Fletcher, aged 12, who had been kicked by a colt, in the forehead. He found her in a semi-comatose condition, unable to speak, with fully dilated pupils. Her friends reported that they found her lying, a few minutes after the accident, entirely unconscious, and as they thought, dead. The wound, however, soon began to bleed, and she aroused partially and was carried from the barn to the house.

The injury was a semicircular wound in the forehead, the lower edge about ¾ inch above the left superciliary ridge, the outer edge, about ½ inch from the temporal ridge, and extending about 1½ inches—filled with coagulum—on removing which, he found oozing out semi-solid gray matter, evidently a portion of the cerebral substance. The finger detected a depressed portion of the frontal bone, 1½ by 1¼ inches—surrounded by the rough edges of fractured bone—lying loose and pushed into the brain. This he was unable to remove with any means he had at hand. As he was some distance from home, and the prospect of death was imminent, he made use of such simple means as were at hand, to relieve the shock, viz.: Cold applications to the head, external heat to the body, with spirits of ammonia internally, and promised to return in the morning and remove the bone, if she were still alive. On Sunday morning, Dr. Colter and I visited the patient, and found her still alive and sufficiently conscious to groan when she was moved. We etherized her, trephined below the fracture, and removed the depressed portions, which we found had penetrated through all the membranes and had broken up the subjacent cerebrum, part of which oozed out, with a small quantity of blood, when the bone came away. As soon as she recovered from the effects of the ether, she began to talk and laugh somewhat wildly, but recognized her friends.

We had previously applied a carbolized lotion freely, and sewed up the upper portion of the wound, leaving the lower part open for drainage. Ordered the carbolized lotion to be continued, and the constant application of cold spring water, for lack of ice, to the head. Light diet, and a dose of salts and cream of tartar next morning. Her pupils still continued largely dilated, but responded somewhat to light.

Sept. 23rd. Dr. Colter saw her; medicine had operated freely; wound had bled somewhat; considerable cerebral substance on all the dressings; head hot; skin feverish; delirious; pulse 120; thready; respiration hurried; pupils still dilated; spoke occasionally a word or two; tried constantly to tear off the bandages; had occasional restless sleep; pushed down the bed clothes when she wished to urinate; took food and drink when it was given her with a spoon. The brain bulged somewhat through the wound. Dr. C. removed a stitch to relieve pressure and facilitate drainage, and dressed the wound.

Sept. 25th. Drs. C. and I both saw her. Symptoms not materially changed, except that she had had 8 or 10 convulsive seizures during the night. The brain protruded largely through the wound and was beginning to slough on the surface. She

had now lost the use of her right arm, but not the leg ; her under jaw was stiff; could not protrude her tongue beyond her teeth ; had some difficulty in swallowing, and had ceased to be able to articulate. Removed another stitch ; cerebral matter sloughing freely ; a little pus and serum oozing away. Pupils still dilated and a little responsive to light. Ordered another dose of salts and a mixture of 15 grs. of chloral hydrate, with 15 grs. of bromide of potassium, to be given at 8 p.m., and repeated every four hours, for three doses, if convulsions continued.

Sept. 28th. Dr. C. and I both saw her ; friends reported that they had only given one dose of the chloral mixture, through error ; convulsions few on Thursday night, frequent through Friday and Saturday, and so constant on Saturday night that they thought she was dying, and ceased to feed or disturb her. Found her very weak ; gave food and stimulants before dressing the wound ; ordered beef tea and brandy every two hours, and chloral mixture every four hours, till seen again. Condition of wound but little changed ; brain more sloughy ; right arm quite paralysed ; speechless ; but evidently understood when spoken to sharply.

Sept. 30th. Convulsions now only recurred at night, and then not nearly so frequently ; slept a good deal ; had taken more nourishment ; fever considerably abated ; head cooler ; pupils still dilated. Removed the sloughy brain freely, and two more stitches. Ordered chloral at night only, 15 grs., bromide of potassium every four hours in day time ; continue beef tea and brandy freely.

Oct. 1. Condition but little changed ; removed remaining stitch, and substituted supporting strips of plaster ; cut away all the sloughy brain visible ; continued other treatment.

Oct. 4th, Dr. Colter saw her. Found her much improved ; fever and heat of head almost gone ; quite intelligent but unable to speak ; could move the upper part of right arm slightly ; took nourishment freely ; bowels acting naturally ; no return of convulsions ; slept well at night ; wound beginning to heal at the edges, but little slough remaining ; a good deal of pus oozing out.

Had daily reports from her of steady improvement, (she was an impecunious patient.) Oct. 13th I visited her. Found her improving in every way ; wound glazing over and uniting with the skin around ; fever gone ; intelligent ; using right arm feebly; speechless; pupils still dilated; but less than before ; eating freely.

Oct. 15th. Found her sitting up in a chair, partly dressed. Improving in every way ; understood everything said to her readily, but could only respond with " ga-ga-ga," which sounds made her laugh at herself. Her arm had become quite useful.

Oct. 21st. Still improving except in speech, which was unchanged. A few days later heard from her brother that she was about the house beginning to articulate the family names, and seemed to be quite as intelligent as she had ever been. Since reported, that the wound is nearly healed, her health quite good, and intelligence unimpaired.

The size of bone removed was nearly that of a Mexican dollar, and at least a fluid ounce and a half of brain was lost.

THE MICROBIO OF PUERPERAL FEVER.

(Translated from El Siglo Medico.)

BY JOSEPH WORKMAN, M.D., TORONTO.

" Our readers may regularly follow the progressive daily investigations made in relation to the inferior organisms which are believed to be met with in certain diseases, constituting their primordial and constant cause. The collection of these microbial generators of diseases, thanks to the labours of Pasteur and his disciples and imitators, continually augments in the liquids contaminated by the organism. In addition to the bacteria of carbuncle, the vibrioes of septicæmia, and of purulent infection and simple suppuration, we have henceforth to admit the microbio of puerperal fever, whose existence, suspected by Pasteur, appears to have been established in the following conditions.

A woman who, a few days previously, had been delivered in the ward of Dr. Hervieux, in the Maternity, suffered under a very characteristic puerperal fever ; her death was certain, and in fact took place on Sunday morning at six o'clock. The *lochia* of this patient, examined on the previous Wednesday, were found very fetid, and full of various microbioes, both moving and motionless, among which was encountered in great quantity an

organism in form of spherical grains, associated two and two, or four and four, or forming rosaries, such as Pasteur described in one of the last meetings of the Academy of Medicine of Paris. The blood drawn from a puncture in the finger, presented in only a doubtful manner the presence of the new organism, but treated in a medium of culture it gave place, without mixture with microbioes of a different nature, to the development of this same organism, formed in walls of grains, or rosaries of grains. New cultures, made during life, and at seven, and thirty-two, hours after death, gave similar results. In the autopsy, the pus of the uterus, the Fallopian tubes, and the uterine lymphatics, also contained this organism, but associated with others under the form of points and minute rods, some of them moveable.

Equal results were obtained, not only with the blood and lochia of a woman who in like manner died under very grave puerperal fever, in the clinique of Dr. M. Raynaud in the Lariboisiere hospital, but also with the pus taken by means of puncture of the peritoneal cavity. Beyond doubt, the culture of this last gave likewise the organism in form of rosary, and associated with it the very diminutive microbio in minute twigs, which Pasteur, Joubert and Chamberland had already signalized as a most active generator of pus.

Whilst Pasteur was devoting himself to these investigations on the liquids of the puerperal state, Dr. Geltz of Nancy sent to the institute a note, stating that a cryptogam of the genus leptotrix, very similar to the leptotrix met with in the saliva, and on the gums, existed in great quantity during life, in the blood of a woman attacked with puerperal fever of a grave form. Inoculation of these cryptogamic twiglets, found in the living or the dead blood, practised on guinea-pigs, appeared to establish its toxic action, and its innumerable reproduction in the blood. But this reproduction was effected only in guinea-pigs and rabbits, and not in dogs.

As to this leptotrix of Geltz, does it hold any analogy with the puerperal microbio of Pasteur? Does it not seem to result, from the descriptions respectively given by both authors, that the puerperal state holds various generations in the domain of the microbioes? Already, for example, we know of three,—that of Geltz, and the two of Pasteur, in the form of rosaries, and the very minute twiglets, active generators of pus. Be the fact as it may, Pasteur insists that these microbioes are very common, and are met with in all parts; it is quite easy to extract them from common waters, and hence it is that Pasteur is inclined to affirm, that in the presence of associated microscopic organism, we should to day preferentially seek for the etiology of puerperal fever. It is easy to comprehend the *role*, which, according to the conviction of Pasteur, common waters must play in this etiology; accordingly he proceeds to announce, as his final conclusion, that in his opinion, we should prohibit the employment of common waters in the washing of the genital organs, and use only water which has been heated up to 115° Centigrade (207° Fahr.)

M. Pasteur further advises, for the washing of the genital organs, the employment of boracic acid, which, according to observations, confirmed by the results of the practice of professor Guyon, opposes the development of the organic production of ammoniacal urine. The mucous tissues bear very well a 4 per cent. solution of this acid, which suffices to kill the organisms in question. Certainly this is a rational therapeutic, and those who hold the doctrine of etiology by these micro-organisms —(a doctrine which we know is every day making progress,)—would be very culpable, should they disdain the use of a means so simple, in presence of a disease so terrible as puerperal fever.

We would here beg permission to offer a few observations on the interesting investigations of the authors mentioned. If the doctrine of these micro-organisms is presented to us as extremely similar in certain affections — such as carbuncle and septicæmia, in which there is observed a certain relation of causality between the moment of introduction of the organized miasmal poison and the appearance of the disease, and which is always alike in different individuals, sexes, and ages, it appears to us, that the admission of an elemental organism capable of producing a pathological state as its consequences, only in individuals of one sex, and of an age so particular and determined as that of the puerperal, is repugnant to the idea of similitude and analogy. What reason can there be that these microbioes do not produce analogous phenomena of absorption in man and woman? Is it because that during the first days after delivery, there exists a solution of

continuity through which the germs in question may enter? If this be so, why is it that in the wounded and those having ulcers, the infective phenomena are not presented, when they are submitted to identical hygienic conditions, in the same habitations, and practising cures with the same waters which are regarded as so toxical? How is it to be explained that during epidemics of puerperal fever, analogous phenomena are not presented in children and men?

It is true that argument and theory should yield to observation and experiment; it is however, certain, that neither have experiments been so numerous, nor observations so unassailable, as to prevent us here recording, with greater reason than on other occasions, that it is still to some pathologists doubtful whether those germal miasms, verified by the microscope and observation, are the cause, or one of the effects, of the infective diseases.

Correspondence.

CHLORAL IN DIPHTHERIA.

To the Editor of the CANADA LANCET.

SIR,—An item in your November number determined me to give you my experience with chloral in diphtheria. About three years ago, a case of sporadic diphtheria of malignant character came under my care. When about despairing of the patient's life, I prescribed a sleeping draught containing chloral hydrate and potas. brom., with a view to obtain much needed sleep. Next morning I was agreeably surprised to find my patient improved, and attributing the change to the rest, ordered the draught to be repeated that evening. On returning the following morning, the patient was still more improved, and expressed her belief "that the sleeping mixture did her throat more good than any gargle yet used, as it brought up far more stuff from her throat and made it feel better after." On investigation this was found to be the case, and a wash containing chloral hydrate ℥j, to an ounce of water, was ordered at once, and with wonderful effect, the patches peeling off rapidly, the throat feeling more comfortable, and the patient improving generally. Following up this treatment as opportunity offered, I was convinced that a specific had been obtained for diphtheria (as much so as quinine in intermittent fever); but being deterred by past results with new remedies, I decided to await a more crucial test, and have, during the past two months, obtained such, as this locality has been visited by an epidemic of the formerly dreaded disease. In that time I have successfully treated fourteen cases of undoubted character, some very severe, and several others of a diphtheritic nature, and was about to publish a record of them, in order more clearly to establish my conclusions, but do not deem it necessary when such an eminent authority as Rokitansky can be referred to by the profession. I feel quite confident in recommending this remedy, and have experienced very great pleasure in "going back" on my old friends, carbolic acid, tinct. ferri. mur., bromo-chloralum et cetera. I have at the same time administered internally acid salicylic and quiniæ sulph., to prevent blood poisoning, but am quite sure that the local improvement is not due to these, as they have been given in pills and wafers, with equally good results. The wash is applied by a sponge swab, as I find that the contraction of the fauces on introducing the swab is sufficient to express the liquid, and one such application every three hours has proved satisfactory so far. Apologizing for the length of this letter,

I remain, yours sincerely,

R. CARNEY.

Windsor, Nov. 14, '79.

"MEDICAL ETHICS."

To the Editor of the CANADA LANCET.

SIR,—Will you kindly give an opinion on the following case through the columns of your valuable journal. In July last a woman (Mrs. M.) was taken ill, and Dr. X. was called upon to attend her. What the case was at the outset, I know not. After a number of days, the husband becoming dissatisfied with the treatment of the above named gentleman, discharged him, and employed Dr. Y., who attended for several days. He then found that the woman would have to be sent to the Insane Asylum, and called in Dr. Z. to examine her and sign a certificate for her admission, which was done. Some time afterwards Dr. Z. sent his bill to Dr. Reid, Superintendent Insane Asylum, who returned

it, saying that Mrs. M. had been admitted on the certificates of Drs. X. and Y. Dr. Z. at once interviewed Mr. M. (the husband,) and learned the following facts. After Dr. Z.'s departure from his house, Dr. X. came in and said that "if there were five dollars to be made out of his wife's case that he had a right to make it," and wound up with giving Mr. M. a *third* certificate, recommending him to have his wife admitted upon that (*his*) certificate, and Dr. Y.'s. Now, Mr. Editor, I would like to know if such a line of conduct as this is becoming a gentleman, and in keeping with the code of professional ethics?

Yours truly,

Dartmouth, N.S., Nov. 7, 1877. Z.

[We do not think Dr. X.'s conduct was in keeping with the code. The patient was no longer his as he had been discharged, and he had no right there, unless again sent for by the husband or Dr. Y. It was certainly very annoying to Dr. Z. after having been called in by Dr. Y. to make out a certificate of insanity, to have it set aside by the certificate of another. On the other hand we think as a matter of courtesy, under the circumstances, Dr. Y. might have called in the former medical attendant, although he was under no obligation to do so.]—Ed. Lancet.

To the Editor of the Canada Lancet.

Sir,—In your last number you mention a communication from an indignant brother, in which he reflects upon the Medical Council as an "august body," and is especially confounded by the issue of certain instructions to detective Smith, directing him to cease the prosecution of midwives. These instructions are signed by the President, and with reference to them, your correspondent wishes to know, 1st, "For what he pays his annual contribution to the College of Physicians and Surgeons?" and 2nd, he asks, "Can the President break the law?"

As to the first question I would say, that surely the College is not regarded as an institution created for the purpose of affording to its members protection in their professional pursuits against those who are not in its register, and it is not supposed that the annual dollar is levied to provide the means of securing that protection. Did the Ontario Legislature, in enacting the medical bill, remember only the interests of the medical men of the country, and forget those of all their other constituents? My view of the intentions of the Legislature has always been just the opposite of that. I have supposed that the scope and aim of the Medical Act was simply the protection of the lieges from ignorant men, acting as physicians, whether these men had college degrees or not; and that it was thought that the end desired would be best secured by instituting our College, and committing to its honor the testing of the qualifications of those who were to care for the health of the community. I do not believe that the intentions of the Legislature went beyond that; and I am pretty sure that the unpopularity of the College which is so evident, is grounded upon indignation at an apparent desire on the part of members of the College to go beyond the intentions of the Legislature, and to seek protection for themselves.

The trust reposed in the College is surely an important and an honorable one, and it is to enable us to fulfil it, that the contribution of one dollar a year has been imposed. I do not say but that the Legislature should provide the funds, since it has imposed the trust, but it has not provided the funds, and for reasons which seem good to itself, it probably will not provide them. It cannot be proposed that we should retire from the position we occupy, rather than that we should pay our small yearly contribution. If our College is to collapse, let it not be on that point at any rate. I am sure that if, when I looked on my dollar for the last time, I had the reflection that I was parting with it, that it might be used in the prosecution of midwives, I would think I was devoting it to a very poor mission, and would grumble with the loudest, and I am glad to think, that the Medical Council, with all its faults, is really too "august" to raise funds for such a purpose.

With respect to breaking the law, I may venture an assurance that the law is in no danger. It is not at all a breach of the law to refrain from setting its processes a-going, and that is all which the President can be accused of, in reference to the prosecution of the midwives.

There is nothing to prevent your correspondent himself from proceeding against these women, if he has a call of conscience in that direction, or if he thinks the game worth the candle.

Yours truly.

J. D. Macdonald,
President C. P. & S., O.

Hamilton, Nov. 7th, 1879.

Selected Articles.

ELECTRICITY A PARALYZING AGENT.

[The *N. Y. Medical Record* of a recent date, publishes an interesting article under the above heading, written by Dr. Thomas W. Poole, of Lindsay, Ont., from which we make the following selections :]

"In proof of its paralyzing effects on nerve-tissue, we point, first, to Matteucci's experiment on the spinal cord of a living rabbit, in which it was shown that during the passage of a common galvanic current the cord might be pricked, cut, torn, burned, or otherwise injured, without eliciting from the animal any sign of pain. Dr. C. B. Radcliffe, F.R.S., quotes this experiment (with others) in his 'Lectures on Epilepsy, Paralysis, and Pain,' and there distinctly asserts 'the paralyzing influence' of electricity: 'Whether the current was passed up the spine or down the spine, the result was the same so far as *its paralyzing action* was concerned, and so it was in the other two experiments which have been mentioned' (p. 65). Dr. Radcliffe, however, asserts that the muscles, as well as the nerves, are paralyzed by the galvanic current, to which, as well as to some other of his conclusions, we take exception, for reasons which will hereafter appear. Drs. Beard and Rockwell, leading medical electricians of New York, also testify to the same effect in stating that 'the cord remains insensible to any stimulus that may be applied to it, so long as the current is passing.' (Med. and Surg. Elec., 2d ed., p. 127). Dr. Moritz Meyer refers to the observations of Valentine, Matteucci, and Eckhard in this connection, and to the effects of the constant current on nerve-tissues and adds: 'In other words, *the nerve is paralyzed* so long as any portion of it is subjected to the action of a continuous current' (Elec. in Prac. Med. (Hammond), p. 62).

The faradic current produces similar paralyzing effects, which differ from those of the galvanic current 'mainly in degree.' Thus the faradic current has been effectually employed to benumb local sensation in parts about to be subjected to minor surgical operations, and, as is well known, both currents are employed for the temporary relief of neuralgia and other painful states; for which result no better explanation can be offered than that the nerves of the affected part are for the time so paralyzed as to render them incapable of transmitting the sensation of pain. It may be said that this effect is properly anæsthesia rather than paralysis; but these are only different names for the same condition, and as Dr. Anstie has fully shown, anæsthetics are invariably paralyzers (Stim. and Narcot, pp. 273, 328, 398, etc.)."

"We are convinced that the nerves do not 'stimulate' the muscles to contract. We find all the physiologists asserting the inherent contractile power of muscular fibre, and even admitting the ability of muscle to exercise this power, in many instances, quite independently of nervous influence. Illustrations of this are to be found in the movements of microscopic portions of protoplasm; in the contractions of the fœtal heart before the development of nerves; in rhythmical and other movements of muscular parts after death of the body; in post-mortem parturition in pregnant females who had died undelivered at or near the end of the period of gestation; in parturition normally occurring in cases where the spinal cord had been destroyed by disease, or paralyzed previously, well authenticated cases of which are mentioned by Dr. W. B. Carpenter (Human Physiology, 5th Am. ed., pp. 979, 980); in the existence of rigor mortis, the facts of which have not been explained on any satisfactory basis (not excepting the latest hypothesis, which refers it to coagulation of the myosin or muscle plasma), other than that of independent muscular contraction, which is the view of the late Dr. Anstie and of physiologists generally.

Dr. C. B. Radcliffe, in the work already quoted, asserts (in support of a different thesis) that 'muscles do not pass into a state of contraction when they may be supposed to receive a larger supply of nervous influence than usual;' and, again, that 'ordinary muscular contraction is associated with deprivation of nervous influence;' nay, more, 'that *the power of muscular contraction is inversely related to the amount of nervous influence supplied to the muscles from the nervous centres*' (pp. 95-100). The experiments of Sir A. Cooper, Kussmaul and Tenner, and Dr. Brown-Sequard, are quoted in support of these propositions, which find additional confirmation in such facts as the cure of a much larger percentage of cases of tetanus by stimulants than by any other means (Dr. W. A. Hammond, Diseases of Nerv. Syst, 550). It is only on the view that in the excessive muscular contraction here witnessed nerve-force was in abeyance (and not in excess) that stimulants could be justifiable, or this result explained. Dr. Anstie was so impressed with the force of Dr. Radcliffe's argument that after referring to it he writes: 'The true action of vital force would appear to be rather that of restraining muscular contraction than of exciting it' (Stim. and Narcot., p. 70)."

"Electricity paralyzes the motor nerves, and so permits muscular contraction. This principle, like a master-key, unlocks the fastnesses and clears up the obscure and hitherto unexplained problems in electrical treatment. It accounts for the benefit this agent sometimes affords to muscles suffering from enforced disuse, by the exercise it gives them, thus attracting blood, and with this pabulum, whereby their nutrition is improved. It accounts for the failure of electricity in chorea (Dr. J. Russell Rey-

nolds, Clin. Uses, etc., p. 83) and in spasmodic states generally. Why this failure? Because the preponderance of muscular action here is owing to the too feeble restraint already exercised by weak or exhausted nerves, and an additional paralyzing agent is the least likely means to benefit them. It explains why electricity is powerless for good whenever, as in early and late rigidity, it fails to induce muscular contraction; because the muscle is already isolated from the nervous centre; the nerve is paralyzed and electricity can paralyze it no further; the muscle is already freed from nervous restraint, and as electricity can free it no further it fails to cause it to contract, and its use can do no good, but may do much harm. It also serves to explain why it is, 'if you find, for instance, a limb perfectly paralyzed, but contracting perfectly well to galvanism, or sometimes acting even in excess, you can do nothing more by applying galvanism to that limb' (Dr. J. Russell Reynolds, Clin. Uses of Elec. p. 94). The benefits of electricity are for the muscle, in the manner already stated, but here the muscles are healthy and their condition cannot be improved. It is the nerve that is at fault, and electricity not being a tonic, or stimulant, or vitalizer to it, does not improve its condition, as it ought to do if it possessed the qualities attributed to it. Here is a problem: 'Why the muscles that are paralyzed should act more readily than healthy muscles to a slowly interrupted current has not yet been explained' (ib., p. 98). The explanation is easy. A weaker current serves to paralyze the nerves of the diseased limb, and set the muscles free to contract, than will suffice for the healthy nerves of the sound limb. Why a slowly interrupted galvanic current is sometimes effective for this purpose, where the faradic current fails, we have discussed elsewhere in our 'Physiological Therapeutics,' where the more important objections to the theory here advocated have also been considered.

Numerous facts might be adduced to show that the relations here assigned to motor nerve and muscle, apply also to the vaso-motor nerves and muscular coats of the arterioles. But as this part of the subject is only indirectly associated with the topic of this paper, and as we have discussed it in a recent issue of the *Record*, under the title of 'The Effect of Pithing on the Vascular System,' we make no further reference to it here.

We have already shown, how, as a paralyzing agent, electricity indirectly benefits muscles whose functional power is impaired from atrophy or disuse,—by improving their nutrition. A wide field of usefulness is also open to this agent—on the same view of its action as a nerve paralyzer—in the control it exercises over vascular activity in organs and tissues. By paralyzing the vaso-motor nerves (whose function we claim to be to *dilate* the arterioles) it brings into play the independent contractile power of the muscular tissue of the arterial coats, and thus produces a reduction in the calibre of these vessels, arresting congestion and diminishing blood supply to morbid growths or hypertrophied tissues, with the gratifying results not unfrequently recorded. Thus the undoubted beneficial results of electricity in certain cases, as well as its failure in others, find a ready explanation in the theory we advocate."

"We desire to refer briefly to the serious consequences which may, and have, resulted in practice from the mistaken idea that electricity is a tonic or stimulant. We refer especially to its use as a supposed restorative in cases of suspended animation, as in apparent drowning, or in threatened death from chloroform. The cases on record where apparent benefit has resulted from electricity in these states, are so few, so associated with other remedial processes, and generally so unsatisfactory, as to furnish no trustworthy evidence in its favor, while that to the contrary is direct and convincing. It has notably failed in experiments where these states were artificially produced to test its powers, in the hands of such experienced electricians as Drs. Beard and Rockwell (Med. and Surg. Elec., 2d ed. pp. 665-6). It has extinguished the spark of life in cases of threatened death, which were happily recovering under other means; and many more such catastrophes would be on record, if duly reported, and if it were not that batteries are frequently not available on such occasions—or when so, are often out of order, and fail to act.

Dr. Ringer, in writing of the use of electricity in these cases, states that 'some authorities are wholly opposed to its use, on the score of its influence to arrest a very feebly beating heart, and so diminishing any slight remaining chances of recovery' (Therapeutics, p. 292). Dr. B. W. Richardson, of London, England, writing of resuscitation from the narcotism of chloroform artificially induced, states: 'I feel it too unreasonable to recommend galvanic action as a means of resuscitation. Galvanism is a two-edged sword. It might by accident, I may say, in some cases, restart respiration, but it would in this respect be inferior in principle to artificial respiration, and in the majority of cases *it would more effectually promote death than restore life*. . . . When used as it is commonly used, merely to excite prolonged contraction of muscles, it is not aimless merely, but positively mischievous.' Having narcotized a rabbit with chloroform till respiration and other evidences of life had ceased, and restored it by artificial respiration, he narcotized another to a similar degree, to show the effects of electricity. Commenting on the fatal result, he states: 'When I used the electric stimulus [observe the word employed in this connection], I took out of the muscles what remaining force was there—the primary force required for recovery—and under the semblance of restor-

ing life, *clenched death!*' (*Medical Times and Gazette*, 1870. Braith. Retros., January, 1871, p. 256).

How well this tallies with the action of electricity as a paralyzer, and how very inconsistent it is with its action as a reputed stimulus! Yet such is the force of habit, custom, or blind adherence to authority, that men call that a stimulus while in the very act of recording its paralyzing effects. Nor is Dr. Richardson happy in his allusion to taking the force out of the muscles. The muscle is not paralyzed by electricity. It will soon pass into rigor mortis, in which it will display 'the most steady and persistent contraction which muscle can possibly exhibit,' to use the words of Dr. Anstie, a condition which electricity simply hastens. If Dr. R. had stated that by means of the electric current he had intensified the already existing paralysis of the nerves (produced by the chloroform), and thus prevented all chance of recovery, his statement would have been more in accord with his facts, and with the ideas he evidently intended to convey."

THE USES OF THE HOT-WATER DOUCHE IN PARTURITION.

Dr. Albert H. Smith, in a paper read before the Philadelphia County Medical Society (*Phil. Med. Times*, Aug. 16, '79), claims as facts proven by experience that the hot-water douche (110° to 115°) thrown upon the cervix uteri or the rim of the undilated os, will stimulate contraction of the longitudinal and oblique muscular fibres of the uterus into an expulsive effort, while the circular fibres surrounding the os relax under its influence; 2d, that a similar douche thrown into the cavity of the relaxed and bleeding uterus, after the expulsion of the fœtus or the placenta, will produce prompt and vigorous condensation of the uterine walls, with an immediate closure of the sinuses; 3d, that a like application to a bleeding surface from laceration in the passage of the child through the pelvic canal will arrest the hemorrhage at any point, whether it be from a tear of the circular artery in the cervix, or from rupture of the vascular tissues upon the anterior margin of the vulva about the vestibule, or from the furrows upon the posterior wall and the labia.

Dr. smith has found the application to the cervix of the hot douche thoroughly and rapidly effectual in the first stage of normal labor at full time, almost equally rapid in a rigid condition in an accidental premature labor, and more slowly—though with ultimate effect—in the induction of labor in a quiescent uterus. The method of application is simple. The patient should lie upon her back, with a bed-pan placed far under her sacrum, so that there should be no danger of the water getting upon her clothing.

The injection should be thrown into the vagina with a syringe with a rubber tube and metal nozzle with a large hole in the end, and Dr. Smith prefers the Davidson bulb-syringe, as the stream can be driven with more force, and with the intermittent action necessary with that instrument. A quart to three pints of water medicated with ʒij of 90 per cent. solution of carbolic acid, or ʒss of Labarraque's solution should be thrown into the vagina, the pipe being directed *against* the cervix, not into it. The douche may be repeated every hour or two, according to the demands of the case, or the violence of its results.

The condition in which we get the most signal effects from the douche is that of uterine inertia after the placental delivery, and in this condition Dr. Smith is inclined to think that we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of post-partum hemorrhage, and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted.

The nozzle should be carried on the index finger into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distention of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened; the nozzle is to be carried to the os uteri, and directed into the orifice. If the coagula in the uterus are loose and not abundant, the force of the stream may be sufficient without carrying the finger into the uterine cavity, but if the hemorrhage has been great, and the uterus largely distended, it is better boldly to introduce the pipe, guarded by the finger, and, moving it around gently, let it, with the aid of the stream, detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centres of coagulation. While this is going on, the hand upon the uterine tumor feels it steadily and, generally, instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from color, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched, and compressed in the hand of the accoucheur or of an assistant until all probability of secondary relaxation is over.

Spencer Wells recently performed his nine hundred and fifty-fifth ovariotomy, in which he employed the bichloride of methylene as the anæsthetic. The bichloride has been employed in over 100,000 cases in England, without as yet a single evil result following its use.

A New Method of Treatment in Opium Inebriety.—Dr. J. B. Mattison, in a paper read before the American Association for the Cure of Inebriates, and published in the *Journal of Inebriety*, submits what he terms a "New Method of Treatment in Opium Inebriety." It is based on the power of certain therapeutical resources to control abnormal reflex sensibility, and accomplishes, largely, two cardinal objects, minimum duration of treatment and maximum freedom from pain. It consists in producing a certain degree of nervous sedation, and consequent control of general and reflex sensibility by means of the bromide of potassium, ammonium, sodium, or lithium, though reference is made especially to the *bromide of sodium*, and to its employment in *continued doses*, by which is meant its administration three times in twenty-four hours, at regular intervals so as to keep the blood constantly charged with the drug. Dr. Mattison lays particular stress on this method of administration. The salt should be given largely diluted with water, a drachm of water to a grain of the salt.

Granted a suitable case for treatment the plan may be summarized as follows: Opiate reduced, at once, to one-half or two-thirds usual quantity. Subsequent gradual decrease and withdrawal in seven or eight days. Mercurial cathartic, first night, followed by daily laxative enemas, or Hunyadi water. Bromide of Sodium, 60 grain doses, increased 30 grains daily, ter in die, in six or eight ounces of water, on empty stomach, continued five to seven days. Restlessness following opium abandonment—met by hot baths, 100° to 110°, ten to thirty minutes each, often as required. Bromide eliminated by diuretics—digitalis and nitre, and diaphoretics—hot and steam baths. Insomnia relieved by chloral, combined if need be, with Indian hemp or hyoscyamus. Diet exclusively milk and lime-water first three days of opium abstinence. Full diet resumed as soon as possible. Debility removed by generous living, general faradization, strychnine, iron, quinine, etc., with outdoor exercise and varied social enjoyment. —*Mich. Med. News.*

Colour-Sight and Colour-Blindness.—An interesting pamphlet on this important subject has just been published by Dr. Wolfe, of Glasgow, in which he gives the results of the inquiries of a commission formed of himself, Dr. Cumming, and Dr. Pickering. He discusses and, we think, very fairly meets Mr. Gladstone's views in regard to the colour-blindness of Homer. The defect of Homer, he thinks, was amblyopia from Egyptian ophthalmia, which is likely enough. That the human race has not lately developed the sense of colour seems to be demonstrated by the numerous differential terms and indirect references to various colours that appear in the old Greek and Hebrew writings. The results of the Glasgow commission showed that there are in Glasgow 3 per cent. of colour-blind persons, whilst 6.5 per cent. see colours with difficulty. The importance of such statistics cannot be over-estimated, since the safety of the public, both in trains and on ships, depends on the recognition of red and green by the officials. The mothod of testing colour-blindness employed by the commission consisted in making the subject look at a given portion of the spectrum, name it, and pick out a piece of worsted, from a mixed bundle, of the same tint. It is somewhat remarkable that whilst stringent rules are adopted in all continental countries in regard to the testing of railway officials prior to their engagement, in England alone it is not considered requisite to do more than apply a simple test or two, though it is well-known how much is dependent on a correct appreciation of colour.—*The Lancet.*

A New Antiseptic.—A new antiseptic agent has appeared in Germany, which, if the statements regarding it are true, is one of the most important yet discovered. It is a double salt of borate of potassium and sodium, and is made by dissolving in water equal quantities of chloride of potassium, nitrate of sodium and boracic acid, and evaporating to dryness after filtering. Its cost is about twenty-five cents a pound, and its use in foods, etc., does not in the least injuriously affect them, and gives no taste or smell to substances. It has been extensively employed already by butchers, sausage makers, tanners, etc., but its most important use is at present in the manufacture of butter and cheese from sweet milk. When butter is made from sweet milk in the ordinary manner, the milk must be kept very cold; when the "preserving salt," as it is called in German, is used, the milk may be kept at ordinary temperature without souring; the remaining sweet milk may be worked up into a superior quality of cheese. If fifteen grains of the salt are added for each quart of milk, the latter will keep sweet for at least a week. Fresh meat, game, etc., may be preserved by dipping it into a solution of one pound of the salt in six pints of water. When the meat is intended to be kept for a long period, it is rubbed well with the powdered salt in the proportion of one and one-half drachms to each two pounds of meat. In twenty-four hours the impregnation is completed, and it only needs to be dried. A piece of meat prepared in this manner in January, 1877, was in perfectly good condition in January, 1879. For pickling, the meat is prepared in the same manner, and then placed between layers of a mixture of two pounds of common salt, one-half pound of preserving salt and one-fourth pound of sugar. In this way the largest hams can be salted in four days. For preserving skins, from one-half to two-pounds is used, according to size. Eggs are placed for fifteen minutes in a solution of

one ounce of the salt in a quart of water. To preserve beer, wine, etc.; it is sufficient to rinse the bottles, previous to filling them, with a solution of the salt in the proportion of one to ten, and adding to the beverage itself eight grains per quart. For fish, lobsters, oysters, fruit and vegetables the preparation has also been used with the best success.

Treatment of Epithelioma of the Cervix Uteri.—Dr. J. Marion Sims (*American Journal of Obstetrics*, July, 1879) describes his operation for this affection, illustrating the subject with carefully designed engravings. We give the conclusions of this valuable paper, referring the reader to the above named journal for the article in full :

"1. Do not amputate or slice off an epithelioma of the cervix uteri on a level with the vagina, whether by the écraseur or by the electro-cautery.

2. Exsect the whole of the diseased tissue, even up to the os internum, if necessary.

3. Arrest the bleeding, when necessary, with a tampon of styptic iron or alum in cotton-wool.

4. Be careful not to apply the tampon with such force as to lacerate the excavated cervix uteri.

5. When the styptic tampon is removed, cauterize the granulating cavity from which the disease was exsected with chloride of zinc, bromine, sulphate of zinc, or some other manageable caustic capable of producing a slough.

6. After the removal of the caustic and the slough it produces, use carbolized warm water vaginal douches daily till cicatrization is complete.

7. After the cure, put the patient on the use of arsenic as a protection against the cancerous diathesis, and urge the importance of examination every two or three months for the purpose of detecting the recurrence of disease.

8. Then if fungous granulations or knobby protuberances not larger than a pea are found, lose no time in removing them; and treat the case afterward with caustic just as in the first instance.

9. Almost every case may be benefited by operation, even when there is no hope of giving entire relief."

Dr. Sims gives Dr. Reamy, of Cincinnati, credit for working out this method of operating independently, and publishing it about the same time. Dr. Reamy uses scissors, and endeavors to remove the entire growth in one piece; Dr. Sims exsects the cervix piecemeal.

Sterility as the Result of Lithotomy.—In Dr. Parker's study of 131 cases of lithotomy in the *Transactions* of the South Carolina Medical Association (*Cin. Lancet and Clinic*), he says, on the above point—

The relation which this operation bears to subsequent sterility is of great interest, for several reasons which readily suggest themselves, and it is a question by no means settled. It can only be done by a close observation of a large number of cases. That it does produce sterility, in the great majority of cases, is well known. It is also reasonable to suppose that one mode of operating is more likely to produce it than another. Yet surgeons are not agreed upon this point. It would be a great triumph in surgery to determine the exact cause of sterility, and to devise some plan which, while avoiding such an unfortunate and unhappy result, would not lessen the chances of recovery and relief from so painful and distressing an affection. Unfortunately the information afforded in the history of these cases will not assist us much in arriving at any conclusions on this point. The result of the operations bearing on sterility or non-sterility have only been mentioned in a few cases. I allude to this point more particularly, because Dr. T. T. Robertson, of Winnsboro, calls attention to two cases of sterility, one in his own practice, the other in one of Prof. E. Gedding's patients; and Dr. Ogier mentioned to me that the same had occurred to one of those he had operated on, and he believed that it was nearly always attended by this effect. One of Dr. Crook's and two of Dr. Bartlett Jones' were also sterile. Professor F. M. Robertson's patient has several children; so have the patients of Drs. Miles and Daring and one of Dr. Campbell's. These cases were all bilateral or lateral operations, and three of them with the same instrument, yet the result was very different. How are we to explain these different effects of the same operation with the same instrument upon separate persons?

Origin of the Stethoscope.—One day as he (Laënnec) was crossing the court of the Louvre, he observed some children who, with ears applied to the two extremities of a long beam, were transmitting reciprocally the light sound provoked by the stroke of the finger against the opposite end. In the intermediate space no sound was perceptible. The careful observer reflected, and soon, like Archimedes, he was able to exclaim, "*I have found it.*"

Some time afterward, in fact it was in 1816, being consulted for a young woman who presented general symptoms of heart disease, in which percussion gave small results on account of the stoutness of the subject, the age and sex of the patient forbidding his listening directly with the ear, he remembered the children of the court of the Louvre. Immediately he took a paper copy-book, of which he made a roll closely pressed together, placed one end of it upon the chest of the young woman, applied the other to his ear, and found with pleasure that in that manner he could perceive much more clearly the beats of the heart. So a play of children and regard for modesty, were two facts which led to the discovery of medical auscultation.

Laënnec then modified this roll of paper, giving

it more firmness, limiting its length to a foot, its diameter to sixteen lines—smoothing the two extremities with a file. Then he made other experiments: He constructed a tubular cylinder of gold-beater's skin, which he filled with air by means of a spout, and of which the central opening was maintained by means of a support of pasteboard; he made an experiment with glass and metals; finally he stopped with a cylinder of light wood, pierced in its centre with a tube, expanded at the extremity in the form of a funnel. We have seen in our youth the original stethoscope of Laënnec. In truth, it had a size altogether useless and well adapted to terrify patients.—A. Chereau, in *Arch. Gen. de Med.*, July, 1879.—*St. Louis Courier of Medicine.*

Extraction of Biliary Calculi.—A remarkable case has been recorded by Dr. Anger, of Menilmontant, in which a hundred biliary calculi were extracted through the abdominal wall. The patient was a woman, sixty-three years of age. When first seen the abdominal wall was perforated by many fistulous openings in hard red indurated tissue, situated above and below the umbilicus. For thirty years she had suffered frequent attacks of hepatic colic, and in 1874 had an attack of jaundice. In April, 1876, a red painful prominence appeared just above and to the right of the umbilicus, and the swelling spread rapidly over the abdomen and to the right leg. The prominence ultimately burst with a sound like the opening of a champagne bottle, and watery matter, of fæcal odour, escaped. Soon afterwards small sloughs appeared on the lower part of the abdomen, leaving orifices through which many small biliary calculi passed. With a probe passed in through the highest opening many biliary calculi could be felt about five centimetres from the surface. This orifice was dilated by tents of laminaria, and through it more than a hundred calculi were extracted with dressing forceps. The other fistulous openings were enlarged, alcohol dressings applied, and all slowly healed. The patient's recovery was complete.—*Lancet.*

Opium Inebriety—Its Tteatment at Foochow, Caina.—Dr. Osgood *(Quart. Jour. Inebriety*, June, 1879*)*, has in a hospital during the past two years treated 800 cases of opium inebriety. His plan in general is: (1) The absolute and total discontinuance of the use of opium from the beginning of treatment. (2) A trusty attendant to be with the patient day and night for the first three days. (3) Chloral hydrate for the first three nights if required. (4(Good food, milk, raw eggs, brandy (in some cases), chicken broth. (The above to be taken in small quantities). (5) In diarrhœa, give two-drachm doses of a mixture of equal parts of tincture catechu and tincture of ginger. (6) Vomiting will frequently yield to bismuth in fifteen-grain doses; and in some cases a single dose of calomel has acted like a charm. Ice is of advantage in some cases. (7) Throughout the entire treatment it should be remembered that the patient is below par, and requires tonics. Quinine and tincture of iron have a prominent place in our list. (8) The patient should expect to suffer more or less for the first three days, and should make himself a prisoner for that time. By the fourth day there is usually marked improvement. (9) Usually by the sixth day all desire for opium is gone. The patient then requires a change of air and surroundings, and tonics for a few weeks. Out of one hundred cases thus treated there was but one death, and that from apoplexy.—*Detroit Lancet.*

A Simple Form of Button-Suture.—In the January number of the *Glasgow Med. Journal*, page 59, for this year, we noted incidentally the employment of this form of suture by Dr. MacEwen, in a case of amputation of the leg, and we are led to refer to it again, as it does not appear to be so generally known as, from its efficiency and simplicity, it deserves to be. It consists simply of a disc, preferably of zinc, of about ¾ inch diameter, and perforated by two holes, instead of one, as in in the common form. Two wires are used for each stitch, one for each hole in the button, and these, when passed through, are twisted on each other. The suture is, of course, fixed at the other end in a similar way. If it be thought advisable to tighten or relax the stitch, the wires can easily be untwisted and fixed again. Zinc is a convenient material to employ. It corrodes less, and is less irritating than tin. The edge can be turned up should it press unduly on the tissues, or a half turn of the button occasionally may be sufficient. Dr. Ogilvie Will has brought before the notice of the profession, in the *British Medical Journal*, 21st June, 1879, a more complicated form of disc, the cost of which must be a great objection to its general employment. In his paper, and also in one of Mr. Lister's, "On Recent Improvements in the Details of Antiseptic Surgery" (1875), an account of the use of this kind of suture in surgery will be found, to which we refer for fuller details.

Dr. T. Grainger Stewart has discovered that when, during the administration of the tincture of the chloride of iron, functional derangements of of the stomach and liver arise, with furred tongue, impaired appetite, headache, etc., these symptoms rapidly disappear upon adding one half grain of of the chloride of ammonium to each minim of the tincture. He finds this combination notably useful in cases of heart disease accompanied by anæmia and debility.—*Boston Med. Journal.*

CODEIA AS A SEDATIVE.—No symptom is more distressing to a patient than frequent coughing, and none demands more judicious treatment on the part of a practitioner, if he would avoid undoing with his cough mixtures all the good he is attempting by his more general therapeutic measures. In phthisis the presence of anorexia makes us unwilling to give opium or morphia, and frequently when we do so we have reason to regret it. Many patients, especially gouty subjects and those who suffer much from derangement of the liver, are intolerant of opium and morphia. On account of these difficulties I have been led to employ codeia in such cases, in the hope that it might be of service, and it has succeeded beyond my anticipations. In phthisis it allays cough without disturbing the digestive system; and in the other class of cases I have found it tolerated when opium and morphia were not. I prescribe the drug in doses of a grain dissolved in syrup of tolu.—*British Medical Journal.*

TREATMENT OF ULCERS.—The method found most serviceable in the New York Hospital *(N. Y. Med. Journal)* has been a combination of that used by Lister with the india-rubber bandage of Martin. The ulcer is first washed with a 1-20 solution of carbolic acid, then covered with a piece of the "protective" oiled silk, over which is placed one or two larger layers of lint or felted paper, which has been previously dipped in a saturated solution of boracic acid. The whole is then covered with an elastic bandage, which is only changed when it becomes soiled by the discharge. Occasionally it is found better to take off the elastic bandage at night, but not the other dressing, which is then covered by a piece of impermeable tissue, such as thin gutta percha or waxed paper secured *in situ* by an ordinary bandage. In sloughy ulcers a layer of iodoform is put over the surface before applying the "protective." The rapidity of cure by the combination treatment has been found to be much greater than when either the Lister dressing or the rubber bandage is used alone.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a meeting of the Council on the 10th instant, Mr. Luther Holden of Gower Street, Bedford Square, Senior Surgeon to St. Bartholomew's Hospital, was elected President of the College, in the vacancy occasioned by the retirement of Mr. John Simon, C.B., F.R.S.; and Mr. J. E. Erichsen, F.R.S., of Cavendish Place, Surgeon to University College Hospital, and Mr. Erasmus Wilson, F.R.S., of Henrietta Street, Cavendish Square, were elected Vice-Presidents for the collegiate year. At this meeting of the Council, the recently elected members of it—Messrs. John Wood, F.R.S., Henry Powe and Jonathan Hutchinson made the necessary declarations, and took their seats. The several professors and lecturers were re-elected.

OBSTETRIC PRACTICE IN SIAM.—Medicine, and particularly obstetrics, seems to be in the most primitive condition in this country. Labor cases are generally attended only by ignorant women. If there is an emergency, male physicians are called in, but these are quite as bad as the midwives, and rely chiefly on incantations and absurd compounds for producing relief. To hasten on the uterine contractions the abdomen is pounded and kneaded, or even jumped upon. After delivery a most painful ordeal has to be gone through with. The woman is placed as close as possible to a hot fire, and she is obliged to continue beside it for thirty days, suffering the agonies of a scorching heat and being only allowed hot water to drink. The custom is very firmly rooted, and no amount of persuasion will make the women do away with it. It has a certain scientific basis, from the Siamese standpoint, for it is believed that after parturition there is a diminution of the fire element in the system which causes the evolution of all sorts of bad humors.—*Archives of Med.*

WHEN ARE INVOLUNTARY SEMINAL EMISSIONS PATHOLOGICAL?—Dr. George M. Beard (*Med. Record*, June 14th, '79), says: (1) When they are followed by headache, languor, depression, nervousness and pain, local or general. (2) When, after long intervals, they occur several times a night, or a number of nights, in succession. (3) When the emissions are induced by slight reflex irritation or subjectively by mind acting on body. (4) When they accompany or follow acute or chronic disease and disappear with the disease. (5) When they take place in connection with any of the stages of impotence, and even when there is opportunity for perfect intercourse. (6) When the emissions occur at stool, or flow out with urine.

OPENING OF DEEP ABSCESSES.—John Ashurst, Jr., M. D. *(Med. News and Library*, April, 1879), advocates the method of opening deep abscesses among the muscles as practiced by the late Mr. Hilton. This plan consists in making a small incision through the skin and superficial fascia, and then thrusting a blunt groved director through the intervening tissue until the abscess cavity is reached. Then dressing forceps are introduced closed along the director and opened and then withdrawn, with a twisting motion, thus dilating and lacerating the parts so as to prevent closure before the abscess is healed.

TREATMENT OF ASTHMA.—Dr. S. G. Armor says: "In the treatment of asthma, the iodide of potassium is *the* remedy. But there is a class, in which there is an inflammatory element, that not

unfrequently resists that treatment. For these he is in the habit of prescribing a preliminary treatment of divided doses of the bi-chloride of mercury, one-sixteenth to one-twentieth of a grain, for two or three weeks.

Under this drug the exudation becomes less viscid and tenacious, and the subsequent exhibition of the iodide of potassium becomes more efficient. Dr. Armor gave an account of two very stubborn cases, the cure of which was brought about under this plan.—*Med. News.*

Chronic Bright's Disease.—D. N. Guice, in a communication to the American Bi-weekly, gives the history of a case of chronic Bright's disease apparently cured by the use of iodide of potassium. The patient, aged 50, had suffered from malaria, but no history of syphilis was given. He became affected with Bright's disease, with all the characteristic bad symptoms. His urine contained a large amount of albumen, together with granular and hyaline casts. Iodide of potassium was ordered in doses of grs. v. three times a day, and this was gradually increased to grs. xij. during the course of treatment. The symptoms slowly improved, and by the end of six months the patient appeared in every respect well. Iron and bitter tonics supplemented the potash. Five other cases of the successful use of the iodide in this disease have been reported.—*N. Y. Med. Record.*

Large Doses of Iron in Heart Disease — In the *Practitioner*, Dr. T. Grainger Stewart finds improvement follow the use of cardiac tonics, particularly iron, in disease of the heart characterized by pallor, restlessness, headache, slight dropsy and breathlessness. Dilatation and partial failure of the heart's action are usually found with these symptoms. He gives the tincture of perchloride sometimes to the amount of twenty minims every two hours, more frequently every four hours, continuing its use for days together. In many cases improvement follows very speedily. To obviate the gastric derangement so often following upon the use of iron, he combines the chloride of ammonium with it, half a grain to each minim of the tincture. The combination renders the administration of iron possible in patients who otherwise can scarcely use it ; indeed, in no other way can iron be administered in suffieient quantities to afford relief, and in many instances to save life.—*Western Lancet.*

Dr. Richardson's Styptic Colloid (*Hospital Gazette*).—

℞ Acidi tannici, ʒii ;
Alcoholis absoluti, fʒss ;
Ætheris, fʒiiss ;
Collodion, q. s. ad fʒxij.—M.

A Case of Double Uterus & Superfetation. Dr. Sotschawar, of Moscow, reports the case of a woman, aged twenty-six, to whom he was called on account of hemorrhage. Upon examination he found two vaginæ, each leading to a distinct uterus. The hemorrhage proceeded from both uteri, and was very considerable. After some manipulation an embryo of about one month was abstracted from the left uterus, and three days later a fetus of three months from the right uterus. The observer asserts that this is the third case of the kind known to science. It may be remembered that Dr. Fordyce Barker, of New York, has had one such case in his experience.—*Medical Record.*

Is Phthisis Contagious?—Dr. Wm. Porter of St. Louis, propounds the following questions, to which he invites answers from all sources : 1. Do you believe that phthisis is in any sense or degree contagious? Upon what practical evidence do you found your belief? 3. Please state the principal features of the case you have observed which have direct bearing upon the theory.

A Daring Operation.—An operation was recently performed by Péan, of Paris, which for boldness is perhaps unique. The patient was suffering from cancer of the pyloric extremity of the stomach, completely blocking up the passage. He removed the pylorus and stitched the severed end of the stomach to the duodenum. The patient died on the fifth day.

In consequence of the illness of Prof. von Ziemssen, who has undertaken personally to write the volume on " Diseases of the Skin," vol. 9, of " Ziemssen's Cyclopædia," Messrs. Wood and Co., the publishers, have issued a notice to subscribers that it is probable that this volume will be delayed for some time to come.

Hydrobromic Acid in Stomach Diseases :— Hydrobromic acid in the proportion of half a drachm to an ounce of water, four times a day, is said to arrest the vomiting attendant on ulcer of the stomach, and to enable the retention of solid food. This remedy may also prove of value in controlling nausea from other causes.

A Congress of Italian physicians which met at Pisa some time ago came to a very probable conclusion that suicide was much promoted by the reports of cases which appear in the public newspapers.

A Fine and life-like portrait of the late Mr. John Hilton has just been presented by his widow to the Council of the Royal College of Surgeons. It is by Mr. Herberi Barraud, and is a great success.

THE CANADA LANCET.

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TORONTO, DECEMBER 1, 1879.

We would most respectfully call the attention of Canadian manufacturers of pharmaceutical preparations, surgical instruments and appliances to the advantages of advertising in the CANADA LANCET. The success of the LANCET has been without a parallel in Canadian medical journalism. Its present monthly circulation ranges from 2000 to 3000, and on the subscription list will be found the names of the leading physicians of every Province in the Dominion, from Prince Edward's Island to British Columbia. It is to be regretted that so few of our wholesale manufacturing chemists, and instrument makers avail themselves of the advantages of advertising. The American Houses have been systematically advertising in the LANCET for several years past, and are establishing their names as great manufacturers, and not unfrequently advertising some of our manufacturers as their agents. We beg most respectfully to call attention to these facts, and would say that we have decided, if the Canadian manufacturers will accept our proposition, to make a reduction of 20 per cent. from our regular rates in their favor, with the view of encouraging greater efforts in the way of advertising. Our pages are well filled with advertisements of different firms, all of whom *pay for the space* they occupy. We are, therefore, not pressing for advertisements, but would like to see our own Canadian houses taking their share of the benefits which advertising in a judicious manner may offer.

PUERPERAL MORTALITY IN HOSPITALS.

"Taking as his basis the figures obtained in the hospital of Lariboisiere, for the years 1854 to 1878, and in the hospital Cochin for 1873 to 1877, M. Beurman has published an interesting work, in which the causes of mortality in parturients are studied. The author commences with a description of the arrangements of the Lariboisiere hospital, and the system of ventilation employed in it. He has ascertained the number of labours which occurred from 1854 in the ward of Sainte Anne, in this hospital, as well as the number of deaths resulting. He divides these deaths into three classes: 1st. Deaths from accidental causes; 2nd. From puerperal causes, consecutive on complicated labours; 3rd. From puerperal causes consecutive on simple labours.

In the first year of the Lariboisiere, this hospital, quite new, and constructed in the most perfect manner, in accord with the precepts of hygiene, gave a return of mortality of one woman in every 11.8 delivered—horrible figures, which have not been equalled in any succeeding year in that ward, in the same rooms; the proportion from 1874 to 1878 has much decreased. It certainly cannot be admitted that the nosocomial, (that is, overcrowding of sick) influence had reached its maximum in a completely new hospital; it appears, then, that the congregating of a certain number of parturients in a limited space, and an atmosphere polluted by the accumulation, are not the sole causes of the mortality of lying-in hospitals. This mortality results from various factors, among which the social classification of patients plays a chief part.

In order to reduce as much as possible the mortality of parturients in his clinique of Lariboisiere, M. Liverly employs and recommends an exquisite cleanliness, as well as hygienic precautions both numerous and necessary; the result has been that the puerperal mortality has notably descended, and the figures cited by Mr. Beurman show that residence in the hospital has ceased to be pernicious. The mortality has descended to one in 145, in 1877, and one in 155, in 1878, in simple labours. These figures closely approximate those obtained in the general population, and it may be hoped that they will yet improve.

In the wards of the Maternité de Cochin, isolated almost completely from the rest of the hospital, and served by a special staff, M. Polaillon has obtained from 1873 to 1877 even better results, so that without it being understood that an hospital is a place favourable to parturients, it may yet be

said that its bad influence has been exaggerated, and assuredly the treatment by means of ignorant midwives, by whom it has been proposed to supplant them, would not be advantageous. The investigations of Beurman prove this, and the fact would be evident, from the moment these women could no longer free themselves from unfavourable cases. The evil influence of the hospital depends on two causes, contagion and misery. We may contend with advantage against the former, by antiseptic means, equally in the wards of a maternity, as in those of surgery. As regards misery, it surely should largely augment the mortality ; all the world knows what are the moral and social conditions of the majority of women entering maternities.

NEW ENCYCLOPÆDIA OF MEDICINE.

We have to thank the publishers for an advance first number of the above projected publication, of which Dr. Eulenburg is the chosen editor. It is to be published in Vienna, and we are much pleased to see that it is printed, not in the old barbarous sight-destroying gothic characters, but in excellent clear Roman type, and on very good paper. The editor promises that the work will be completed within four years, in ten volumes, each containing forty-five to fifty sheets of sixteen large 8vo pages ; consequently each volume will contain only 720 or 800 pages. This may seem a very formidable announcement to English and American readers, who find it not unfrequently a heavy task to get over a volume of 300 or 400 pages ; but our German cousins are endowed with thorough courage, and far superior patience. In order, however, to moderate the fears of subscribers and intending readers, the work will be issued in parts of sixty-four or eighty pages each, at the rate of three parts monthly. The price of each is to be ninety kreutzers, or two and sixpence sterling.

The contributors number no less than ninety different writers, twenty-nine of whom are residents of Berlin, twenty-one of Vienna, ten of Greifswald, and five of Breslau ; the remaining fifteen belong to other places. It is truly surprising, to find that a single Prussian town, such as Greifswald, with a population of about 14,000, should furnish no less than ten medical practitioners, able and willing to contribute to the pages of so important a publication. Our city of Toronto, with a population of 75,000 or 80,000, and two flourishing medical schools, should, in the same proportion, furnish over fifty encyclopedists. But we dwell in *sleepy hollow*, and it is impossible to guess when we may waken up.

The First Part, now before us, begins the letter "A," disposing of only eighteen items, out of a total under this one alphabetical division, of 320. Among the above eighteen articles, there is one on "Abdominal Typhus," by Dr. Zulzer, of Berlin, of which we can safely say, that we have never in the like amount of space, met with a more clear or comprehensive detail of valuable facts, or of valuable instruction, and if even only a moderate percentage of the other contributions, in subsequent issues, be found of equal merit, Dr. Eulenburg will have good reason to feel pleased with his arduous enterprise.

As the information may be interesting to some of our readers, who have not had opportunities of close acquaintance with encyclopedic medical literature, we abstract, in condensed form, from Dr. Eulenburg's preface, the following historic notices of this class of publications within the present century.

1st. The "*Dictionaire des Sciences Medicales*," by Alard, Alibert, Roger, Chassier, Cuvier and others, in 60 volumes, *Paris*, 1812-1822.

2nd. *Abridgment* of the above, in 15 volumes, *Paris*, 1821-1826.

3rd. "*Dictionaire de Medicine*," in 21 volumes, *Paris*, 1821-1828.

4th. "*Encyclopædie der Medinischen. Wissenschaften*, in 13 volumes, *Leipsic*, 1830-1834.

5th. "*Verein deutscher Aertze*," homœopathic, 14 vols. *Leipsic*, 1835-1848.

6th. "*Encyclopädishe Worterbuch der Medicinishen Wissenschaften*." 37 vols. Berlin 1828-1849.

7th. "*Encyclopädie der gesammten Medicin*," 6 vols. and 4 supplements. *Leipsic*, 1841-1846.

But here we must rest, abstaining from the dishing up of several small fries, which have graced the tables of the lovers of *sauer kraut*.

As, however, we began with the French omnium-gatherers, we may as well close up with a monumental record of a couple of their lingering labors, to wit :—

"*Dictionaire encyclopedique des sciences medicales*," by *Dechambre*, and "*Nouveau dictionaire de medicine et de chiiurgerie pratiques*," by Jaccoud.

We are told that both these, after 15 years of parturient agony, are still undelivered. Jaccound's bantling has, at the end of 26 volumes, reached the letter P. *Quod est* prodigious.

Sat bene, si sat cito, should be the motto of every projector of a scientific encyclopedia, and so rapid is now the progress of every department of human knowledge, that we much doubt if even before the expiration of Dr. Eulenburg's four years of promised collaboration, very many of the articles of the first and second will not have become so antiquated as to require rehabilitation; but such works are not without their posthumous value, as, like fixed mile-stones, they tell the traveler of his progress.

A NEW PRESERVING FLUID.

The Curator of the Anatomico-zoological Museum in Berlin, Mr. Wickersheimer, some time ago invented a new and valuable process for preserving dead bodies, for which he obtained a patent. At the instance of the German Government, he has been recently induced to withdraw his patent, and now publishes his process to the world. We give the following translation from the original official communication, kindly furnished us by Dr. Adolf Alt, of this city. Corpses, human, as well as those of animals, when impregnated with the fluid, retain their *shape*, *color* and *flexibility* completely. After many years, they may be made use of for scientific dissections or legal investigations.

"The curator of the anatomico-zoological museum at Berlin, Mr. Wickersheimer, having invented a new process for preserving corpses, plants, and parts thereof, and having been induced by us to resign his right as patentee for the German empire, Mr. Wickersheimer's process is herewith given over to the public, etc.

The preserving fluid is prepared in the following way: In 3,000 grammes of boiling water dissolve 100 grammes of alum, 25 grammes of salt, 12 grammes of saltpetre, 60 grammes of potassium, and 10 grammes of arsenious acid. When cool, filter. To 10 liters of this colorless and odorless fluid, add 4 liters of glycerine, and one liter of methyl-alcohol. With this fluid the bodies are impregnated, or are preserved in it. For embalming, 1½ liters will do for a child of two years; 5 liters for an adult.

The following is the manner in which the inventor embalms human bodies: He first injects the body with the fluid, and lets it remain for several days in the same. He then rubs the body, dries it, and wraps it in a linen sheet or oilcloth, soaked with the fluid, and preserves it in air-tight compartments."

COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.

The semi-annual meeting of the Provincial Medical Board was held in Quebec on the 24th of September. The following members were present: Drs. Rottot, David, Marsden, Howard, Gibson, Scott, Gilbert, Paquet, Trudel, Rivard, Wells, Parè, Ladouceur, Lachapelle, Collet, Perrault, LaRue, Michaud, Ahern, Ross, Lafontaine, Sewell, Lemieux, Gingras, F. W. Campbell, Dagenais, Marmette, Belleau, and De St. George.

Dr. Rottot took the chair, and the minutes of the last meeting were read and adopted.

The report of the recent matriculation examiners was read and adopted. Thirteen candidates were admitted to the study of medicine; four failed in part, and five were rejected.

Dr. Gibson brought before the notice of the Board the case of Dr. Prime, of Brome, who had been fined for selling liquor against the provisions of the Dunkin Act. It was claimed that Dr. Prime as a physician, had a right to keep liquor, and sell it for use in cases of sickness. The Dr. desired to carry the case to the Supreme Court of Canada, and thought it to be the duty of the College to assume the prosecution of the case in the interests of its licentiates, whose rights had been assailed. The case was referred to a special committee consisting of the President, Drs. Howard and F. W. Campbell.

On motion, the application of Dr. A. M. Ross, a member of the College of Physicians and Surgeons of Ontario, was received, and the license to be granted if his qualifications were found correct.

Mr. Gaboury, a medical student of Michigan University, applied to have his preliminary examination in that University recognised by the Board, but the application was refused on the ground that the examination was not an equivalent to that of the Provincial Medical Board.

The application of Dr. Keyes, M.C.P.S., O., of Georgeville, Que., for the license, was also refused

on the ground that he was licensed as an Eclectic in Ontario, and the Board did not recognize an Eclectic diploma.

The following gentlemen received the license of the College: Drs. Gosselin, Grenier, Cote, Rouleau, Routhier, Couillard, and Auger.

The name of Dr. W. L. Page, whose name had been omitted from the register, was registered as a member of the College.

The Treasurer reported on the state of the finances, which was, all things considered, satisfactory.

It was resolved that the College will for the future grant its license only to those who, since the passing of the new Medical Act, shall have passed the preliminary examination of the Provincial Medical Board.

The question of the legality of the diplomas of Victoria University in Quebec, was raised, and the opinion of Mr. Pagnuelo, barrister, of Montreal, was read, in which he declared that the University had no legal standing in Quebec. The President was further authorized to consult legal counsel in Ontario in regard to the matter.

The registrar was instructed to notify all who had neglected to pay their annual assessment to do so at once, and that legal proceedings would be taken against all who neglected to comply. The President was also authorized to take legal proceedings against all medical men now practicing in the Province without being registered.

A committee was appointed to draft a code of by-laws; also a tariff of fees was submitted and approved, and the Secretary was authorized to get it printed, sanctioned by the Lieut.-Governor in Council, and published in the *Official Gazette*.

The following examiners were appointed for next meeting:—Dr. Scott, Anatomy; Dr. F. W. Campbell, Surgery; Dr. Gilbert, Medicine; Dr. Trudel, Midwifery; Dr. Lachapelle, Physiology; Dr. Rosseau, Materia Medica; Dr. Badeaux, Botany; Dr. Parè, Medical Jurisprudence; Dr. Ahern, Chemistry and Hygiene.

MEDICAL ELECTIONS.

The general quinquennial election of members of the Medical Council of Ontario will take place on the 2nd Tuesday in June, 1880, and the first meeting of the new members elect has been fixed by by-law of the retiring Council for the second Tuesday in July 1880. Already candidates are bestirring themselves in the different territorial divisions, and some have publicly announced themselves as in the field. In the "Saugeen and Brock Division," Dr. H. P. Yeomans of Mount Forest has received the promise of a large and influential support, and if elected will make a most excellent representative. Dr. H. C. Burritt of Peterboro, and the present member Dr. Herriman, are in the field for the representation of the "Newcastle and Trent Division," and there is promise of a lively campaign in that constituency. They are both good men. The name of Dr. Turquand of Woodstock is favorably mentioned in connection with the "Gore and Thames Division," now represented by Dr. D. Clark, medical superintendent of the Asylum, Toronto. Dr. Turquand was a member of the Council from 1866 to 1869, and if elected his experience will be of great service in the new Council. Dr. Allison the present able and faithful representative of "Kings and Queen's Division" has announced himself as again in the field, and we trust there will be no opposition to his return. We have had up to this time no further reports, but we believe that the majority of the old members are up for re-election. We trust that the electors will see to it that the candidates are right on the question of increased territorial representation. Now is their opportunity if they wish to secure their rights in this respect. The colleges and corporate bodies, have a representation of *eight* members on the Council board; the homœopaths, with a constituency of about 50 members, *five*, while 1700 medical men of Ontario have a representation of *only twelve*. The territorial members should, in all fairness, be at least double the present number. They have a large interest in the Council; they contribute the principal share of the funds for its support, and should have a larger voice in the management of its affairs.

We trust that our friend Dr. Henwood, the representative of the "Erie and Niagara Division," and the champion of increased territorial representation, may be re-elected, and thus enabled to carry forward to its legitimate conclusion, this most desirable reform in the medical Council of Ontario.

STUDY OF THE EYE:—Dr. Adolf Alt, of this city, being at present engaged in the study of the

development of the human eye, desires us to state that he would be very glad if any of his professional brethren would send to his address, either in dilute alcohol, or in Mueller's hardening fluid, any embryo, up to the sixth month, they have no other use for. He would also take the opportunity of thanking those gentlemen who have, already, kindly furnish-him with some specimens.

Ovariotomy :—Dr. Rosebrugh, of Hamilton, has recently added two more successful cases of ovariotomy to his very creditable record of successful cases. He has had four cases, all successful, since the publication of his article on ovariotomy, in this journal, last year. His recent operations were done, we understand, under the carbolic acid cloud, and Lister's antiseptic dressings. We hope soon to present our readers with a brief history of the recent cases.

The death of Geo. W. Callender, of. St. Bartholomew's Hospital, London, Eng., F.R.S., etc., is announced. He died on board the steamship Gallia, which sailed from New York on the 15th of October. He was returning from a trip to America.

The Alienist and Neurologist :—Under the above title, Dr. C. H. Hughes, of St. Louis, proposes to issue, about the 1st January next, a "*Quarterly Journal of Practical and Scientific Psychiatry and Neurology*," in which "the proper management and care of the Insane, both within and without asylums," will receive full consideration. The Journal, Dr. H. states in his prospectus, "will be conducted upon the idea that psychiatry and neurology, like the study of the vascular system, are essential parts of the trunk, rather than special branches of general medicine."

Dr. Hughes is a gentleman of long recognized distinction, and of ample experience, in the specialty of alienism, and we have good reason to anticipate for his Journal a successful and useful career. Throughout the Western States his reputation as a medico-legal expert is very high, and he is regarded by all the members of the specialty of psychiatric medicine as one of its talented and energetic members. The annual subscription will be five dollars.

What is Malaria ?—Daring the present year some experiments have been made at Rome by Signor Tommasi of Rome and Prof. Kiebs of Prague, which promise to be more fruitful than any hitherto recorded. They spent several weeks in the Agro Romana and made repeated examinations of the lower strata of the air, of the soil, and stagnant waters, and succeeded in isolating a microscopic fungus, specimens of which placed under the skin of dogs caused distinct and regular paroxysms of intermittent fever.

A Rare and Delicate Operation :—We observe from the *Port Hope Guide*, of the 20th ult., that a "rare and delicate operation" was recently performed by Dr. Hamilton, assisted by two of his medical confrerès, of that town. The operation consisted in "paring the edges of a cleft palate, and bringing the parts together with sutures. A *small m scle* on each side of the palate was then divided so that the parts might be set at rest while healing went on." Truly wonderful, but true ! It is a pity that men of such transcendent abilities have not a larger field to labour in. O, Tempora ! O, Mores !

Death from the Inhalation of Ether :—A case of sudden death from the inhalation of ether, occurred at Aylmer, Ont., a few weeks ago. The ether was administered by Dr. C. W. Clark, of that village, to a lady, for the purpose of extracting a tooth, and scarcely an ounce had been used. An inquest was held by Dr. P. W. McLay, coroner, and the verdict agreed upon was, that the deceased came to her death in consequence of paralysis of the heart, caused by the inhalation of ether.

Improved Battery Fluid :—The following battery fluid will keep the metals bright if the zincs are first amalgamated. To the ordinary battery fluid, which consists of sulphuric acid, one and a half ounces, bichromate of potassium, one and a half ounces, to the pint of water, add half a drachm of the bisulphate of mercury.

Ice as a Vehicle for Medicine :—Dr. Edwyn Andrew (Britlsh Medical Association), suggests the use of ice in conveying medicines for maladies of the throat and stomach, and especially in cases of hemorrhages, where the drugs may be frozen.

Presentation.—Dr. Hill, of Ottawa, has been presented with an address on the occasion of his retiring from the position of consulting physician to the staff of the R. C. Hospital, Ottawa.

TORONTO SCHOOL OF MEDICINE ANNUAL DINNER.—The annual dinner of the Toronto School of Medicine. was held on the 7th ult. In addition to the Faculty of the school and the students there were present as invited guests, Rev. Dr. Nelles, (Victoria College), Mr. Goldmin Smith, Mr. Mayor Beaty, Prof. Croft, Dr. Workman, Prof. Wright, Dr. Geikie (Trinity Medical School), Rev. Dr. Potts, Dr. Strange, M.P., Mr. Howells (United States Consul), Dr. Macdonald (Hamilton), Dr. O'Reilly (General Hospital), Dr. Clark (Insane Asylum), Dr. King, Dr. Burns, Dr. Riddel, Dr James Ross, Dr. McConnell (Thornhill), Dr. McLaughlin, M.P.P., Dr. Rae (Oshawa), and others.

The usual after dinner toasts, speeches and songs, common to festive occasions, enlivened the proceedings. Before the toasts were commenced the secretary read letters of regret received by prominent gentlemen who were unable to be present, and also the following telegram from the medical students of Kingston, who, it was said, were holding their annual dinner the same evening.

The students of the Royal College, imbued with that fraternal feeling which characterizes the generous medical student the world over, extend the right hand of fellowship to their brothers in Toronto. The position taken by the Canadian medical student at home and abroad, affords reason for wide and sincere congratulation. May the spirit of generous rivalry for excellence in our profession continue to characterize our schools, and may the lustre of their reputation be untarnished by anything having even the semblance of dishonour."

The "active militia" was responded by Dr. Thorburn; the "Dominion and Local Legislators" by Drs. Strange, M.P., and McLaughlin, M.P.P.; the "Mayor and Corporation" by Mayor Beaty; "The Universities of Toronto and Victoria" by Dr. Nelles, Dr. Richardson, and Prof. Croft; and the "Sister Institutions" by Mr. Goldwin Smith and Dr. Geikie. Mr. Smith, in his remarks, said he would like to see reciprocity of medical registration between this country and Great Britain. Dr. Geikie conveyed to the Toronto School the hearty congratulations of the faculty and students of Trinity Medical School, and wished the institution all success in the future. Among the other toasts that followed were the "College of Physicians and Surgeons," "Toronto General Hospital," "Graduates," "Freshmen," "Ladies," and "The Press."

PROTECTION OF THE PUBLIC.—In another column will be found an answer to the queries propounded by a correspondent in our last issue, by the President of the Medical Council. We are very much pleased with one remark especially, made by the President in his letter in regard to protection, viz., "that the aim of the Medical Act was simply the protection of the lieges," or in other words the protection of the public and not the profession. It is exceedingly unwise and impolitic for medical men, who, as members of a learned profession, are distinguished for their unselfishness and devotion to science and the good of their fellow-men, to be constantly harping about protection in their professional pursuits. Let it be understood and constantly urged that it is the public that requires protection and not the profession, and that in the interest, and for the safety of the public, all ignorant and uneducated pretenders and quacks should be put down. In that view the Legislature and the thinking portion of the public will join, and the profession may rest assured their efforts will be crowned with success. In protecting the public they most effectually protect themselves.

Dr. Craik, Prof. of anatomy in McGill Medical College, Montreal, was dangerously poisoned recently by a dissecting wound.

A teaspoonful of lime water with two teaspoonfuls of milk, and a small piece of ice given every fifteen minutes for about two hours, is an excellent remedy for irritable stomach.

Reports of Societies.

NEWCASTLE AND TRENT MED. ASSOCIATION.

The third regular meeting of the Newcastle and Trent Medical Association was he'd at Colborne on the first of October, 1879. The following gentlemen were present: Dr. Herriman, President; Dr. Willoughby, Vice-President; Drs. Hamilton, Burritt, Ruttan, Halliday, McCrea, Richards, Thorburn, Powers, Fife, McDonald, and Douglas.

The subject of a uniform tariff of charges for this territorial division was the first for discussion, and the following committee was appointed to form a tariff and report at next meeting: Drs. Burritt, Hamilton, Waters, Willoughby, Ruttan and McCrea.

Moved by Dr. Hamilton, seconded by Dr. Willoughby, that the constitution be so amended as to admit non-medical men in the division, as honorary members.—Carried.

On motion, Prof. Haanel of Victoria College, was elected an honorary member.

Some discussion then took place in regard to the Ontario Medical Council, in order to elicit the views of intending candidates for the membership.

Dr. Burritt as one of the candidates said he was happy of having an opportunity of explaining his views, which he did very fully, pointing out where he thought the medical act could be amended advantageously, where the working of the Council in many respects could be improved, and the profession better protected from quackery than they were at present, &c., &c.

The President expressed himself pleased at the increasing interest taken in the medical Council, and although he had not thought he was coming to an election meeting, was quite ready to defend the action he had taken in the past as a member of the Council, and to explain his views with regard to the future. He gave the reasons why he had supported certain measures and why he had opposed others, stated that he would, if elected, endeavor to promote the interests of the general practitioners as much as possible, &c.

Dr. Willoughby introduced a patient from whom he had removed an enlarged thyroid gland weighing a pound; patient was now in good health; previous to the operation breathing was difficult, which rendered any exertion almost impossible. He also showed a specimen of the lower two-thirds of the femur, composed entirely of new bone enclosing the old shaft.

Dr. Ruttan showed a glandular tumor of the parotid, of large size, removed by him from an aged patient. The Dr. explained the nature of these growths. They were called glandular or adenoid tumors from being similar in structure to the glands in which they occurred, and if not deeply seated, easily removed by enucleation as they were encysted. In such cases there is little hemorrhage and little or no danger of wounding the portio dura, but if the tumor is large this nerve cannot be saved. In this particular case the tumor was removed by making a V shaped incision beneath the ear and another from below; the flaps were then raised and the tumor enucleated by the finger, from behind forwards, and from below upwards. There was very little hemorrhage—only one small artery requiring ligation. Owing to the large size of the tumor the portio dura was necessarily divided. Patient died on the eleventh day after the operation, but as she was aged and exhausted this result could not fairly be attributed to the removal of the tumor.

The next subject for discussion was that of the treatment of typhoid fever, introduced by Dr. Ruttan. The treatment he was about to describe, and which had been used by himself with great success for two years, might be called the German or antipyretic method. The first indication is to reduce the temperature—by the application of cold and by giving certain medicines which have the power of lowering temperature; for if it is kept down during the first week, it will not rise during the second or third; should it have been neglected during the first week much may still be done by this treatment. Say the patient is seen with a temperature of 103°F.—free the bowels by administering as the Germans would—eight grains of calomel every eight hours until the desired effect had been obtained, or if preferred, give hydrarg. cum. creta, or pil hydrarg., then put the patient in a bath at a temperature of 68°F. (for old people and children 75°), temperature of the room should be the same; allow him to remain in the bath 5 or 10 minutes (fat people requiring a longer time than lean), then rub him dry and put him back to bed and give digitalis or veratrum viride. The nurse should be furnished with a self-registering clinical thermometer, and instructed how to take the temperature, and directed that if it rise to 103° to repeat the bath. After two or three days of this treatment, give thirty grains of quinine at one dose, or at two doses within half an hour of each other. The next day instead of a temperature of 105° or 106°, it will be down to 100°, and will likely remain so for 48 hours. If it rise repeat the bath and the dose of quinine. This will not be necessary more than two or three times when the case will run on without any further treatment. For complications the usual remedies should be resorted to. Diet should be milk, eggs, beef tea, sago, rice, arrow-root, &c., with stimulants as required.

Dr. McCrea asked what was the dose of digitalis employed.

Dr. Ruttan said two grains of the powder every three or four hours until it produced a decided effect. Veratrum viride must be given so that it will produce nausea in the course of twelve hours. The medicines are only aids to the bath; get down the

temperature first, by the bath and digitalis, then give a large dose of quinine about every second day according to the temperature. He uses pil. hydrarg., instead of calomel, night and morning until the bowels are freely moved. The Germans give quinine with a view of killing the bacteria, which they believe produce the disease.

Dr. Hamilton stated that he had not adopted this treatment. This much could be said about the German treatment, that it was never so successful in America as it had been in Germany. In Vienna it is not used as enthusiastically as formerly, where the routine treatment is to put the patient in a room at a temperature of 70°F, on a hard bed covered by a sheet. He also read statistics from the Bellevue and Massachusetts hospitals, which showed an increase in the death rate under this treatment. If in a case, the temperature rose to 106° or 107° he would use the cold baths, but only as a last resort.

Dr. Herriman used quinine in large doses, he gave it even when the fever was high, or when delirium was present, and with the best results. In small doses quinine excites the patient, and thus acts injuriously. Prof. Loomis says in quinine we have a remedy which arrests the movement of the red corpuscles, and he gives it not only in this fever but also in pneumonia.

Dr. Burritt stated that he used large doses of quinine with cold sponging, successfully. Had great faith in twenty or thirty grain doses of quinine reducing temperature, not only in this but other diseases.

Dr. Fife was much in favor of warm baths—had not used quinine in these large doses—agreed with Dr. Herriman that quinine in small doses acts as a brain stimulant. In wakefulness or delirium he gives large doses of bromide of potassium with hyoscyamus.

Dr. McCrea gives warm baths and diet of plenty of new milk. Had noted that if patients do not take nourishment freely, the result was likely to be fatal.

Dr. Herriman showed a specimen of cancer of the pancreas with adhesion and ulceration into the stomach, and cancerous disease of the pylorus, and gave a very interesting history of the case.

Dr. McDonald was requested to prepare a paper on gun-shot wounds for next general meeting, to be held in Port Hope on the first Wednesday in February.

Books and Pamphlets.

The Advantages and Accidents of Artificial Anæsthesia,—By Laurence Turnbull, M.D., Ph. G. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

This is a compact little work in 322 pages octavo, which should be in the hands of every physician or surgeon. The merits and demerits of every anæsthetic at present known, or used, are freely and candidly discussed, and most valuable instructions as to their proper administration are given. Numerous neat wood cuts are presented, illustrative of the physiological action of these drugs, and of the several methods of their exhibition. An interesting and profoundly instructive tabular exposition of 160 cases of death from chloroform is presented in connection with the chapter on that subject. The columns of this table show "the date of exhibition, the name and sex, the reason for administration, the time of death, the quantity employed, the apparatus, the administrator, the condition of the patient, the symptoms, the cause of death, and the *post mortem* appearances." Though this table must be but a fractional representation of the total cases of death from chloroform, its perusal cannot fail to prove admonitorily instructive.

(1) Eye-sight, and How to Care for it—By George T. Harlan, M.D.

(2) Long Life, and How to Reach it,—By J. G. Richardson, M.D. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

Mankind have a natural curiosity to know the structure and functions of the human frame, and the attempt to teach such knowledge to the public at large is more rational and useful than the nature and treatment of disease. A slight knowledge of the structure and function of the living machine can do no harm in any case, and may not seldom enable the popular student of this class of knowledge to ward off diseases by prudent precautions and attention to the laws of hygiene and physiology. It is of course impossible to condense in these epitomes under review full directions for the attainment of the several objects treated of; the authors have, however, taken great pains in their endeavors to enlighten the public, and we trust they may be rewarded by a wide circulation.

Pocket Therapeutics and Dose Book:—By Morse Stewart, Jr., B.A., M.D. Second Edition, revised and enlarged. Detroit: Geo. D. Stewart. Cloth, $1.00.

POSOLOGICAL TABLE:—Including all the Officinal and the most frequently employed Unofficinal preparations. By Charles Rice, Chemist, N. Y. New York: Wm. Wood & Co.

The above Pocket Manuals will be found very convenient for those requiring aids of this kind. They are the best of the kind in the market.

MEMORANDA OF POISONS. By Thomas Hawkes Tanaer, M.D., F.R.S Fourth American, from the last London edition. Philadelphia: Lindsay & Blakiston. 1879. Toronto: Hart & Rawlinson.

This work will be found convenient and valuable both to the student and practitioner. It is a very "complete manual of toxicology, as far as it goes, showing at a glance the treatment to be adopted in each particular instance of poisoning to which a medical man is liable to be summoned."

FIRST STEP IN CHEMICAL PRINCIPLES. An introduction to modern chemistry, intended especially for beginners. By Henry Leffman, M.D., Lecturer on Toxicology in Jefferson Medical College, etc., etc. Philadelphia: Edward Stern & Co. Price, 50 cents.

This work embraces the substance of lectures which the author is in the habit of delivering, and appears to us very plain, easy of comprehension, and well calculated to aid the student in the commencement of his studies.

THE NATIONAL DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognised in the Pharmacopæias of the United States, Great Britain and Germany, etc. By Alfred Stillé, M.D., and John M. Maisch, Ph. D., of Philadelphia. Second edition, thoroughly revised, with numerous additions. With 239 illustrations. Philadelphia: H. C. Lea, 1879. Toronto: Hart & Rawlinson.

The issue of a second edition so soon after the publication of the first, takes us quite by surprise. It shows the appreciation in which the first edition was held by the medical profession and pharmacists, and proclaims more loudly than words can express, the intrinsic value of the book. It is not a reprint merely, but has undergone careful revision, and the addition of upwards of 100 pages of new matter. It is a most comprehensive and exhaustive work.

ATLAS OF HUMAN ANATOMY, with explanatory text. By R. J. Godlee, M.S., F.R.C.S., University College, London. Part II. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

This atlas, which is to be completed in 12 or 13 parts, is designed to illustrate most of the ordinary dissections, and also many not usually practiced by the student. It has been most favorably noticed by the press, and is deserving of the highest commendation both as a work of art and as an aid to the student of anatomy.

DISEASES OF THE THROAT AND NASAL PASSAGES.—By J. Solis Cohen, M.D., Jefferson Medical College, Philadelphia, etc. Second Edition, revised and amended, with two hundred and eight illustrations. Pp. 742. New York: Wm. Wood & Co., 1879. Toronto: Willing & Williamson. Cloth, $5.50.

The edition before us has been considerably enlarged, most of it rewritten, and all carefully revised. The work is, without exception, the best systematic treatise on the subject in America.

In his treatment of diphtheria, which may be taken as a sample of the author's style, and because of the interest in the subject at the present moment, owing to its prevalence in different parts of the country, he says "The patient is placed in the most convenient room of the house, encumbered with as little furniture as practicable, care being taken to provide for due ventilation and an equable temperature of 75° F. Great attention is given to nourishment, and to systematic alcoholic stimulation, when the strength is becoming exhausted. The nostrils, when clogged, are assiduously cleaned by douche or syringe. Tincture of the chloride of iron is given in full and frequent doses, and applied locally to any circumscribed patches that can be reached in their entire extent. A continuous evolution of steam is kept up in the apartment so as to moisten the air; the throat and nostrils are kept as clean as possible by douches of weak solution of carbolic acid (two grains to the ounce), and the same is occasionally administered by inhalation in spray. As soon as there is any evidence of morbid products in the larynx, or parts below it, inhalations of the fumes from lime, in the process of slacking, are administered for ten or fifteen minutes at a time, and repeated every second hour, hour, or half-hour, according to the freedom of respiration and the moisture of the bronchial rales. If the lime does not appear to suit the case, or if its good effects are not continuous, inhalations of the warm spray of bromine, a grain to the ounce of water, with a grain of the bromide of potassium, are substituted. Should these likewise prove inefficacious, the sulphurous acid spray is tried. If the laryngeal symptoms increase, and asphyxia is to be dreaded, tracheotomy is advised as soon as there is marked inspiratory incurvation of the intercostal, substernal, and suprasternal tissues, without waiting for the period of cyanosis, provided that no respite is procured by the inhalations, or by the action of emetics."

He considers croup and diphtheria as two distinct morbid processes, and that the latter is often contagious.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES.—By Geo. Henry Fox, A.M., M.D., &c., New York. New York: E. B. Treat & Co. Toronto: Willing & Williamson. Parts I., II., III. and IV.; price $2 each.

This work is to be completed in twelve parts, each to contain four plates besides letter-press descriptions of the diseases illustrated. Part I. contains four excellent colored plates, by a new process devised for the production of pictures from photographic negatives. These represent comedo, acne

vulgaris, lepra tuberosa, and elephantiasis. Part II. represents, keloid, rosacea, psoriasis, and ichthyosis. Part III. comprises fibroma, varicella, zoster and eczema, and Part IV. leucoderma chromophytosis, favus and eczema. The coloring is admirable, and the clinical features are strikingly portrayed. We can confidently commend this work to all who want faithful and artistic representations of diseases of the skin.

PHYSIOLOGY AND HISTOLOGY OF THE CEREBRAL CONVOLUTIONS, AND POISONS OF THE INTELLECT. By Charles Richet, A. M., M. D. New York: Wm. Wood & Co.; Toronto: Willing & Williamson.

It is not a very long time since many of our mothers and grandmothers, and even a few soft heads of their mates, manifested implicit faith in the teachings of Gall and Spurzheim, and were wont to view, with reverential wonderment, the mappings out by these venturesome brainographers, of the various provinces, counties, townships, and smaller municipalities of the domain of materialized mentality. Even so far did this captivating novelty proceed, that we have been assured, that prudent mistresses in the Athens of Scotland, have declined to hire servants, before they brought testimonials of sound moral rectitude, from some accredited expert in bumpology.

But "*nous avons changè tout cela;* instead of mapping out the brain according to its outside hills and hollows, our brainologists of to-day, like their brethren of the geological class, go to work beneath the surface crust, and by an infinitude of slicings, and borings, and other explorations, labour untiringly (to themselves, though hardly so to their reluctant victims,) to hunt up various hiding places of all the factors of mental and physical phenomena. Every day, or at least every month, now brings to us fresh revelations from the wondrous *terra incognita*, and as fast as we have feasted on, or floundered through, one treatise, we are confronted with another, all convincing us of how little we before knew, and perhaps suggesting to us how much we yet have to learn.

A hardly perhaps singular part is, that our modern cerebral explorers follow each other corroboratively up to a certain point, but before closing their work, strike out into tangential cross roads, or rather devious lateral by-paths. *Broca* fixed, or fancied he fixed, the cerebral organ of speech in the third frontal convolution. *Ferrier* pretty decently corroborated this theory; but *Rosenthal*, *Luciani*, *Tambusini*, and our present author, *Richet*, seem inclined to annex to this metropolitan district a neighbouring island, that of Reil, long stowed away out of sight, up that fissure, or Norwegian fiord known to a limited few, only by the name of its first navigator.

All this thimble-rigging and obliteration of phrenological landmarks, is playing the deuce with the science of the craniologists. It is nothing less than insatiable vandalism to demolish those fifteen or more lovely organs of our higher nature, which Gall located along the ridge of the eyebrows, and taught us to regard as the pre-eminent indications of human supremacy; and, as if to heap insult upon injury, to tell us now, that our intellectual powers have their habitation, not in the front chambers, but away behind, where the bump-feelers had given lodgement only to our animal propensities, and other rather unmanageable mental disturbers.

It would now appear that Sir Wm. Hamilton, when in his refutation of the doctrine of phrenology, he quoted the aphorism, "*nulla fides in fronta*," was not very far from the mark. We must no longer grope after big minds over the forehead, or even the temples, but over the *quondam*, despised back slums of the occipital suburb. Well may the lingering disciples of Gall exclaim, "*Quousque tandem Catalina?*" When will all this ravaging and ransacking stop? That old anatomist, who located the human soul in the Pineal gland, where it could not be approached without flying away, showed much sound discretion, and perhaps he came as near to the den of the fox as some of our modern sportsmen who are now beating all round the bush in search of him. It is, however, very consoling to us to know that, if we only are physiologically akin to monkeys, dogs, rabbits, guinea pigs and pigeons, our brains may be sliced off and emptied out, from the roof down to the basement, without our ever feeling the least pain, or moral repugnance to the experimental liberty. This department of physiological experimentation will hardly be entered upon within the present century. In the mean time we would advise all those young aspirants who intend to live twenty years longer, and to prepare themselves for the future

seven leagued-boots strides of cerebral physiology and histology, to read Monsieur R'chet's book, and if they fail to find useful information in it, they must blame their own dulness,—not that of the author.

HABERSHON ON DISEASES OF THE ALIMENTARY CANAL, &c. Second American, from the third enlarged and revised English edition. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson, .

To those who have read either of the previous editions of the above excellent treatise, no eulogy of the merits of the work in its present enlarged form, can be necessary. It is admittedly the most complete exposition of the various affections of the entire alimentary tract in our language. The work is illustrated by 192 cases, exhibiting the clinical and autopsical observances noted by the author. These cases comprise a very instructive variety of the diseases incident to the alimentive system in its whole extent, and exhibit the complications in which other affiliated organs frequently become involved, in consequence of extension of the primary morbid derangement.

The following abstracts from the author's preface, can hardly fail to lead the intelligent professional reader to form a favourable anticipation as to the sound rational principles which he will find to pervade both the theory and the treatment advocated throughout the book.

Dr. H. says, "Although I have sought definitely to distinguish some classes of diseased conditions, I should be very unwilling to regard them as entities superadded to the human frame, but rather, to quote the words of Sir John Forbes, 'as new phases of vital manifestations.' And again,—'it may be convenient, as we have mentioned, to regard life as the resultant of certain forces, and disease as a deviation from the normal direction. If any of the forces which are in natural operation be modified in intensity, a deviation is the result, and diseased action is produced, the resultant being necessarily changed; still the tendency is such that on the withdrawal of the modifying force, the normal course is resumed."

"Diseased action, as generally manifested, is the resultant, not of one, but of several changes in the normal condition, and very few persons are literally in perfect health."

"Numerous means are available for checking and modifying diseased action, and we must protest against the ignorance of those who argued the draught of medicine as the only important agent. The skill of the physician is often most manifest in the suggestion of hygienic measures, which by many may be assumed as of trifling moment; and whilst it is perfectly true that many morbid conditions cease after a time, or that the frame becomes so accustomed to perverted action that the balance of functions is apparently maintained without cognizance on the part of the patient, still the aid of medical science is most important."

Anticipatively alluding to his chapter on "Colic," Dr. H. uses the following valuable admonitory words: "We have very strongly urged the avoidance of drastic purgatives, calomel, colocynth, and even milder purgatives, and as strongly recommended the free administration of opium; the cases detailed almost uniformly show, that, where purgatives were given, vomiting, pain, and distress were increased, whilst these and other symptoms were, on the contrary, relieved by opium. Opium, in such cases, appears to be the best means of procuring relief to the bowels, if an action be possible." Of course where an action of the bowels is not possible, some formidable lesion, or mechanical obstruction is present, and then certainly avoidance of purgatives is still more imperative. We have a very abiding remembrance of a case of colic with constipation, in a keen-feeding negro, whose abdominal fulness and severe pain were very significant. An intelligent student, who was in prior attendance, asked if we would not prescribe a purgative. Certainly, we replied, and forthwith ordered six two grain opium pills; three to be taken immediately, and the other three to be reserved for further disposal. The patient soon fell into a sound sleep. In about three hours we revisited him, and found him out of bed, and engaged in bundling up the sheet, which had suffered under alvine deluge of huge dimensions. His purgative had acted faithfully.

We had fondly hoped that Dr. H. in the course of his treatise, would have found occasion for grateful recognition of the teaching of one writer, to whom modern rational medicine, in the theory and treatment of diseases of the alimentary canal, is perhaps more indebted than it was to all who preceded him, and we would almost venture to say, than it has been to half who have followed

him. Many of the seniors of the profession will anticipate in this connection, our announcement of the name of *Broussais*, and few of them will decline to concur, in our expression of regret, that his writings seem to be so universally neglected by the juniors, and by too many of the teachers, of the present day. It is, however, impossible for any one who long ago carefully studied the works of *Broussais* to read those of his successors, without perceiving the extent to which they have, with very parsimonious acknowledgment, laid him under contribution; and although we may not ourselves now accept as sound theory all that he advanced on gastro-intestinal and other diseases, we certainly believe that, with a practical reference, his works might be very profitably utilized even by the young giants of this luminous age. The student of 50 years ago, who imbibed his motives of the action, and the therapeutic virtues of purgatives, from the then belauded work of Hamilton, will remember with what a mental concussion he was assailed on his subsequent perusal of Broussais' chapters on "Inflammation of the mucous membrane of the alimentary canal."

Dr. Habershon's book is not the less valuable because he has been oblivious of the merits of the French pioneer, but to have been less reticent in this relation, would not have derogated from his celebrity. It would indeed be glowingly consoling to the spirit of Broussais, if permitted "to revisit the glimpses of the moon," to identify, in the writings of so many authors of this age, the re-habilitated ideas which had birth in his own fertile brain. He is gone, but his works yet live, and what boots it to mankind at large, whether the thinker be remembered or forgotten, so long as his thoughts are not permitted to rot with his bones.

A Guide to the Qualitative and Quantitative Analysis of the Urine:—Designed for Physicians, Chemists and Pharmacists. By Drs. C. Neubauer and J. Vogel. Translated from the seventh German edition, by Drs. Cutter and Wood, of Boston. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This is a most exhaustive work on this subject. The first part, by Dr. Neubauer, is strictly chemical in character, and is very full and complete. The second part, by Dr. Vogel, takes up the subject of urinary analysis from the physicians' point of view, and is also very complete. The work contains some excellent plates, and is all that can be desired as a guide to the analysis of the urine. The book is bound in the new style of binding, introduced by Wood & Co., consisting of *cow-skin*, colored dark red. It bears handling well, without soiling.

A Practical Treatise on Surgical Diagnosis. —By Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery in the Medical Department of the University of New York. 8vo. pp. 386. New York: William Wood & Co. Toronto: Hart & Rawlinson.

This book will be found a very good aid to surgical diagnosis for both practitioners and students. It will be found especially valuable as a text-book for surgical lectures. The matter is well arranged and easy of access when required for reference on short notice, the main points in the diagnosis between different lesions being arranged in opposite columns on the same page.

A Guide to Therapeutics and Materia Medica. By Robert Farquharson, M.D., Edin., F.R.C.P., Lond., etc. Second American edition, revised and enlarged. Philadelphia: Henry C. Lea.

This is a most excellent text-book for students, and has become very popular. The present edition is very much improved, and has been adapted to the U. S. Pharmacopœia by Frank Woodbury, M.D., of Philadelphia. One very useful feature in the book is the arrangement of the physiological and therapeutical action of medicines in parallel columns.

Births, Marriages and Deaths.

At Fairview, Stratford, on the 11th of August, 1879, the wife of J. R. Hamilton, M.D., of a son.

On October 31st, the wife of Dr. Saunders, of Kingston, of a son.

On Nov., 13th, J. C. Ray, M.D., of Sunderland, Ont., to Ellen, fourth daughter of John Hyland, Esq., of Oshawa.

On Nov., 10th, John S. Grey, M.D., of Williamsburgh, Ont., to Miss Adelaide Lane, of Napanee.

On Nov., 5th, James L. Brown, Esq., M.D., Plattsville, Ont., to Jane, second daughter of Robert Patton, Esq., Blenheim.

On Oct., 13th, J. Dunfield, M.D., of Petrolia, Ont. to Miss Jennie B. McRae of Melbourne, Ont.

In Ottawa, on the 6th of September, Joseph Garvey, M.D., C.M., (McGill College), in the 49th year of his age.

On the 22nd ult., W. A. Doupe, M.D., of Zrichu drowned on the Waubuno.

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Original Communications.

ANTISEPTIC OVARIOTOMY—MULTILOCULAR OVARIAN CYST—EXTENSIVE PARIETAL ADHESIONS—RECOVERY.

BY ARCH. E. MALLOCH, M.D, HAMILTON, ONT.

Ovariotomy has of late become such a common operation, that I would hesitate to publish a single case, were it not among the first, if not the first done in Ontario on strictly antiseptic principles, according to the directions given by T. Keith, F.R.C.S., Edinburgh, in his paper on "Results of Ovariotomy, before and after Antiseptics," which appeared in the *British Medical Journal* for October 29th, 1878, and which the Editor of the CANADA LANCET, has kindly offered to reprint in this number.*

July 28, 1878. Mrs. B. æt 56, widow, native of Orkney, consulted me at the office for "dropsy," which proved on examination the following day at her house, to be ovarian. She had noticed for some months that she was getting "bigger," and about March, that there was a "lump" which fell to the left side when lying on her back. The abdomen was prominent, dull on percussion excepting above and on the sides, and presented a longitudinal sulcus, well marked above which suggested there being two separate cysts meeting in the middle line; fluctuation distinctly felt in the right and left tumours, but not from one to the other. There is a hard mass of some size on the right portion of the tumor. Uterus slightly anteverted to the left, of nearly normal size. Girth, one inch and a half below umbilicus, 37 inches; measurement from ensiform cartilage to pubis, 14¼ inches.

As she was in moderately good health, and able to walk some distance, it was thought advisable not to operate at once. The following remarks in T. Spencer Wells' 3rd lecture, delivered June 14th, 1878, "on the diagnosis and treatment of abdominal tumours" induced me to postpone the operation; "so long as the patient is moderately comfortable, so long as she can walk a mile, or for half an hour, without much inconvenience, so long as she can get up and down stairs, so long as there is no great pressnre upon any of the organs of the abdomen or pelvis, and she can breathe pretty well, and her heart is not interfered with, such a patient as that may be left to ordinary palliative treatment, with the usual attention to the general health."

About the first of November, as the tumor had increased considerably—the girth by 2 and the measurement from the ensiform cartilage to the pubis by 4½ inches—and as she had suffered considerably from abdominal pain, and had lost flesh, I thought of operating, when Dr. Keith's article came to hand. His wonderful success under antiseptics of "no death of the last forty-one operations" compelled me to postpone the operation till the apparatus necessary for proper antiseptic precautions, was procured from Edinburgh. The patient was seen from time to time during the following months, and notes taken of the progress of the case. The tumor increased in size, and œdema of the legs and lower portion of the abdomen set in; she suffered at times severely, from pain in front, and had an almost incessant, though not copious bloody vaginal discharge which was looked upon as a "pressure symptom," as the uterus was almost normal in size, and quite moveable and the os—nodulated as it was—probably fissured in her deliveries—was quite soft.

May 9, 1879. Ædema of the abdominal walls more marked, and abdomen more pendulous. Girth ½ inch below umbilicus, 41 inches; measurement from ensiform cartilage to pubis, 20½ inches.

May 21.—12.30 p.m. After the ordinary preliminary antiseptic precautions, the patient being under the influence of ether, the operation was proceeded with under the spray and more than two hours elapsed before she was replaced in bed. Universal parietal adhesions were found except above the umbilicus where the upper extremity of the incision terminated. After partial separation of the adhesions the largest cyst was emptied of its grumous contents, and through its wall three

* For Keith's article, see page 139.

other cysts were tapped and emptied; the remaining firm adhesions to the abdominal wall were then broken down and the more solid portion of the tumour which was free from adhesions was drawn through the wound and the pedicle exposed. The pedicle which was from 4 to 5 inches in breadth, sprang from the right broad ligament, and by holding it up, it was seen that the vessels entered and emerged from the tumor at its borders, in bundles the size of one's finger; ligatures of "prepared cat-gut" were passed round these bundles and tied; the pedicle was then cut across and "dropped in." After securing with fine "prepared cat-gut," several bleeding points in the adhesions which oozed after the removal of Kœberlé's forceps, the abdomen was thoroughly sponged free from all blood and small clots. A glass drainage tube was passed to the bottom of the cul-de-sac behind the uterus, and the wound was stitched with silver wire in the ordinary way.

The dressings consisted of a strip of "protective" to cover the wound, and a large gauze dressing of eight thicknesses, which had been soaked in an 8 per cent solution of carbolic acid and glycerine; this dressing was split below to encircle the drainage tube. A portion of the drainage tube outside this dressing was encircled with several folds of the gauze soaked in the same solution, and its mouth plugged with a small piece of sponge moistened with the same; these dressings were then secured by a gauze bandage passed round the body and the thighs. The extremity of the plugged tube, which was higher than the dressings to allow for tympanitic distension, was then inserted into the concavity of a large sponge soaked in the glycerine solution. By this means thorough antiseptic guarding was secured, while easy access was given to the drainage tube without disturbing the main dressing, by removal of the large sponge which rested on the dressings and not on the tube. The spray played upon the parts from first to last, excepting for a short time when the boiler had to be replenished with water; during this interval the exposed parts were covered with a cloth dipped in 1 to 20 solution of carbolic acid in water.

May 21st.—4 p. m.—An hour and a half after the operation. P. 95; T. 97⅘°. Vomited once 40 minims of laudanum given per rectum. 7.30 p.m. P. 106; R. 26; T. 101¼° F. Third—ice in small quantities ordered; 6 oz. urine removed by catheter. 11.30 p. m.—P. 106; R. 24; T. 100⅘° F. Thirst, ice continued; 50 min. laudanum per rectum. 6 oz. urine.

May 22nd.—7.30 a.m. P. 92; R. 20; T. 98⅘° F. Slept soundly ½ hour, and dozed now and then during the night. 8 oz. urine. 4.15 p. m. P 96.—R.—; T. 100° F. With the spray playing the sponges were removed, and one ounce of red serum was drawn off through the tube by means of an india rubber tubing attached to a syringe. 8 oz. urine. 11.30 p. m. P. 96; R. 20; T. 99⅘° F. A teaspoonful of milk ordered to be given every hour.

May 23rd.—7.45 a. m.—P. 96; R. 20; T. 99° F. With spray ʒij red serum drawn off. 6 oz. urine. 4.15 p. m. P. 96; R. 20; T. 99° F. ℥ss. red serum drawn off. 6 oz. urine. 11.30 p. m P. 96; R. 18; T. 99° F. ʒvi red serum drawn off; vomited once. 8 oz. urine.

May 24th.—7.30 a. m.—P. 84; R. 15; T. 97¼°F. F. ℥ss. light serum drawn off; retched a little; vomited once. 8 oz. urine. 4 p. m.—P. 92; R.—; T. 98⅘° F. Vomited at 3.30; was easy till then; ½ oz. red serum drawn off; ½ cupful of beef tea ordered per rectum every 3 hours. 11.20 p. m.—P. 92; R.—; T. 99⅕° F. Vomitted at 8 and 10 p. m. ½ oz. red serum taken off.

May 25.—7.30 a. m.—P. 84; R.—; T. 98⅘ F. Vomited at 5 and 6 a. m.; ℥ ss. red serum drawn off; ½ teaspoonful of milk and lime water ordered every 30 minutes. 4 p. m.—P. 90; R. —; T. 98⅘° F. Has not vomited; quantity of milk and lime water doubled. 10.30 p. m.—P. 90; R. —; T. 98⅖° F. Doing well; more milk and lime water ordered.

May 26th.—8 a. m.—P. 86; R. easy; T. 98⅘°F. Says she feels better. 4 p. m.—P. 84; R.—; T. 98⅘° F. ½ oz. red serum drawn off. 10.45 p. m.—P. 88; R. —; T. 98⅘° F. Feels full, but no abdominal swelling perceptible.

May 27th.—8 a. m .P. 84; R. easy; T. 98⅘°F. Rested well; feels full. 4 p. m. — P. 85; R. easy; T. 98⅘° F. Little sleep; wound exposed, apparently soundly healed. 10.30 p. m.—P. 92; R. easy; T. 98⅘° F.

May 28th.—7.45 a. m.—P. 90; R. easy; T. 97⅘° F. 4 p. m.—P. 90; R. easy; T. 99° F. ʒ iij of serum drawn off, drainage tube removed. 10.50 p. m. P. 96; R. easy; T. 98° F. Vomited a little at 6 p. m.

May 29th.—8 a. m.—P. 90; R. easy; T. 98°

F. Rested well; passed urine for the first time. 5 p. m.—P. 90; T. 98° F. Takes beef tea and milk. 11 p. m.—P. 90; T. 98° F. Has taken an egg.

May 30th.—8 a. m.—P. 90; T. 97° F. 6 p. m. —P. 84; T. 98° F. Wound examined at the lower part where tube was; healing rapidly.

May 31st.—8 a. m.—P. 84; T. 98°F. 6 p. m. P. 84; T. 98⅘°.

June 1st.—10 a. m.—P. 84; T. 97⅘° F. Enema of warm water ordered.

June 2nd.—9.15 a. m.—P. 84; T. normal; bowels moved for first time; stitches removed.

June 3rd.—Was sitting up in bed.

The patient gradually regained her strength and flesh; and was soon able to walk and visit her friends, and in October she did the household washing. The temperature, the pulse, in this case, show the absolute freedom from fever.

The *Glasgow Medical Journal* for November 1879, gives the following sentence referring to ovariotomy. "Of late, Dr. Keith has operated on every case which presented itself to him, many of them with enormous adhesions and yet he has had (October) sixty-five cases in succession without a single death."

There can be little doubt with this wonderful experience of Dr. Keith's, but that the use of antiseptics will make as radical a change in the treatment of ovarian cysts as the lithotrite has of calculus of the bladder. The rule will be to operate as soon as the nature of the case has been clearly made out, and not to wait as T. Spencer Wells advised till it is a necessity.

RUPTURE OF THE URETHRA—EXTRAVASATION OF URINE—COMPLETE RECOVERY.

BY J. R. HAMILTON, M.D., M.C.P.S.O., STRATFORD, ONT.

On the 28th of August last I was called to see Thos. H., a carpenter by trade, who had on the previous day received an injury to the perineum by by falling from a building, striking the edge of a board in the descent.

The prime cause of his trouble now is that he has not passed any urine since the accident occurred, and I find that the scrotum is very much enlarged and discoloured, the discoloration reaching as high up as Poupart's ligament. I told the patient that he had rupture of the urethra, and then procured a large catheter (No. 12,) and contrary to my expectations, passed it into the bladder with very little difficulty, and drew off a large quantity of urine which gave him the desired relief. I then tied the catheter *in situ*, and proceeded to make numerous incisions with an ordinary bistoury in the scrotum and neighbouring discoloured parts. I then ordered warm bran poultices to be applied to the scrotum and groin, and also ordered the patient to remain quiet until I returned again; did not deem it necessary to give any medicines internally as the patient showed very little constitutional disturbance.

Aug. 29th—Patient passed a good night; discoloration the same; pulse 82. No constitutional disturbance save a little nervousness; urine passes through the catheter pretty well.

Sept. 1st—On withdrawing the catheter to-day, which was creating a little irritation owing to its roughness I found that on pressing the scrotum I could eject, through the urethra, large quantities of fetid bloody urine, and could by this means empty the scrotum. I then took a small trocar and made two deep punctures in the scrotum, one on each side, drawing away all the fluid, and made several fresh incisions in the skin in the area of discoloration. I ordered the patient to continue the bran poultices, and after replacing the old catheter by a new one, and binding it in its place, I left him pretty comfortable.

Sept. 3rd. Discoloration much less to-day; patient slept well; no grave constitutional symptoms. Had to change catheter to-day, as the gum elastic is the only one applicable, and the outer surface very soon gets rough in contact with urine. I had very little difficulty in introducing a No. 11; there is a slight discharge from one of the openings in the scrotum when the patient endeavours to pass water.

Sept. 5th—Still some discharge of purulent urine from the opening in the scrotum; the discoloration is rapidly disappearing. On examination I find a good deal of thickening of the urethra at the triangular ligament, which for the first time enabled me to locate the injury. On supporting this part of the urethra and asking the patient to pass his urine, he could do so with greater ease than when unsup-

ported. There is a good deal of contraction on on the side of the scrotum that has the opening for discharge; to continue the poultices.

Sept. 10th—Patient doing well; no constitutional trouble; scarcely any discharge from the opening in the scrotum; catheter has to be removed to be cleaned occasionally.

Sep. 15th—Removed the catheter to-day, and found the patient could make water pretty freely through the natural passage, and allowed him to abandon catheter and poultices on trial.

Sep. 21st. Came to me to day complaining of the stream of urine being small and forked, and I found some difficulty in introducing a No. 5, after which, however, I got in a No. 6 and 7, and finally a No. 8. There is considerable thickening and hardness at the seat of injury; ordered the application of the ungt, iod. co., night and morning; general health good; no symptoms of extravasation of urine. I advised him to call every second day to have a catheter passed, in order to overcome the stricture, to which he was liable during the healing process, but the patient since that date has not been as attentive as he should. Feeling that he is well has made him a little careless, and now at the time of writing, October 29th, he has called but three or four times in all. I have, however, succeeded in keeping the canal of the urethra open, although I often had to use a metallic sound instead of the ordinary catheter which always bent more or less when it came in contact with the thickened portion of the urethra. This thickening has now, however, almost disappeared and he can pass a good stream of urine. His health is good and he has been working for some days at his trade.

Remarks.—In nearly every work on surgery, very grave constitutional effects are given as the result of this injury. Now in this case the constitutional effects were almost *nil*, for after relieving the bladder in the first instance, the pulse never ran higher than 85; there were no chills, no cold sweats, no faintness, no vomiting, although the local symptoms of escaped urine were undeniable. Another point the authors all seem to agree upon is the great difficulty, amounting in many cases to an impossibility, in passing a catheter. In this case (whether the occurence was accidental or not), there was none, or scarcely any difficulty in passing that instrument. There is one thing in reference to the continued use of the catheter in ordinary use that I would like to speak of, and that is their liability to clog up and cause the urine to pass along the outer surface, the very thing in these cases it is desirable to avoid. Were it not for this and their liability to become rough on the outer surface the gum-elastic catheter is a much more pliable and painless instrument than the metallic.

I might say in conclusion that had I a similar case again, I would use the trocar much earlier than I did in this case.

LYMPHO-ADENOMA OF THE NECK-EXTIRPATION AND CURE.

Translated from the Revista-Medico-Quirurgica (Spanish) Buenos Aires.

BY J. WORKMAN, M.D., TORONTO.

Early in September, 1878, a boy named José Longo, a native of Buenos Aires, aged 10 years, was admitted into the hospital, de San Luis Gonzaga, under the care of Dr. Pirovano. His parents, who enjoyed excellent health, stated that about five years ago they noticed a swelling on the left side of the neck, which in its commencement increased slowly, but about a year ago it began to assume large proportions.

He presented a tumour of the size of the head of a fœtus at full time. It occupied the whole of the supra-clavicular triangle, the lateral region of the neck, from the base up to the parotid, and crossing to the right side it extended to the sterno-mastoideus muscle. Outwards it reached the acronion, forwards it passed down over the clavicle, and overlying the insertions of the pectoralis major, and backwards it extended to the scapula insinuating itself beneath this bone. It was lobulated, and though it presented a soft consistence, certain points offered a resistance like that of cartilage; pressure on these caused some pains. The neoplasm was divided by two great sulci, produced by the pressure of the mastoid and the trapezial muscles. The subcutaneous veins, but above all the external jugular, were much dilated. The general state of the boy was not very satisfactory; although he had no fever, he was anemic, and had a tenacious cough, which was aggravated in the horizontal position, but there was no expectoration, and no stethescopic indication of morbid process in the

thorax. No other tumour presented in any region of the body, and as to the normal ganglia, they were imperceptible.

In consideration of the fact that the existence of the boy was compromised by the presence of the neoplasm, we decided on its extirpation. The opportunity for the operation had come, and in presence of the danger of death from asphyxia or inanition, consequent on the mechanical action of the enormous neoplasm, all hesitation vanished. We did not enter on the discussion as to its malignity or the contrary, its reproduction or not, or its deadly action by cachectic poisoning. There we saw a body which compromised the trachea, the œsophagus, the superficial and the deep veins, and very probably the recurrent nerve ; all circumstances calling for prompt surgical intervention. It is certain that an operation of this character, in the depths of a region so delicate, could not be exempt from great dangers.

We took every precaution for the avoidance, or the provocation, of immediate and consecutive accidents. We felt sure as to the commanding of arterial or venous hemorrhage, but we had to take into account the capillary hemorrhage. Our patient, according to his stature and weight, could not contain more than three kilograms of blood (6lbs. 10 ozs.), and the loss of two pounds of this fluid might seriously endanger his life. An operation of this nature, with so vast a traumatic superficies, and lasting more than an hour, might cause the loss of this quantity of blood by mere exhalation (oozing). We left out all thoughts of the use of the galvanic cautery, since the operation was one in which, above all things, we must clearly see where the vulnerant instrument reached, and might by contact, or by simple radiation of caloric, cauterize the wall of a tube, a vessel, or an important nerve. We considered the great inconvenience presented by the perchloride of iron in the cauterizing of so large a surface, and putting it into worse conditions for speedy cicatrization. It was imperative to keep in view that a copious suppuration might terminate the life of a boy already much debilitated. It was necessary that we should find a special hæmostatic, which would place the traumatic surfaces in such conditions as would secure healing without suppuration, and we gave the preference to an alcoholic solution of salicylic acid, with the double object of obtaining both its hæmostatic and its antiseptic action.

On the 3rd of November the boy was placed on the operating table, anæsthesia was produced, and in the presence of the distinguished alumni of our school, Drs. Ugarteche, Jorge, Aveleira, Knoglang. and others whom I do not recollect, the operation proceeded in the following manner : A curved incision of the skin was made below the clavicle, extending from the acromion to the sterno-clavicular articulation ; a fold of the skin and the cutaneous muscle was dissected as far as the parotid region and the anterior border of the trapezius. The external jugular was divided between two hæmostatic clips. The tumour was then grasped with a strong forceps, and upward traction was made ; its anterior border and its base were dissected from their attachments, care being always taken to carry the cutting instrument clear of the surface of the neoplasm. It was separated from the posterior part of the clavicle and the subclavian vein, a strong adherance of the scalenus was destroyed, avoiding to touch the phrenic nerve ; it was separated from the brachial plexus and the subclavian artery, and the dissection was carried backward as far as the subscapular fossa. Here the tumour was mounted as a saddle, over the cervical border of the scapula, requiring its separation from the supra-spinatus, the great serratus, and the sub-scapularis muscles. Passing to the anterior internal part, the clavicular portion of the sterno-mastoid muscle was cut, and changing the position of the forceps, a new traction of the tumour was made, separating it from the carotid, the internal jugular, the œsophagus, and the recurrent nerve ; it was dissected from the trachea and the thyroid body, in effecting which it was found necessary to separate with the hook the sterno-hyoideus and the thyro-hyoideus muscles, as the neoplasm penetrated into the right region of the neck. New tractions were made on the superior part, and it was separated from contact with the parotid and sub-maxillary glands, drawing out a part insinuated between the bellies of the digastric muscle, and separating the tumour from the hypoglossal nerve and the two carotids, as at the height of the thyroid cartilage it penetrated the ganglionar mass as far as the walls of the pharynx.

We had now spent an hour in this laborious dissection, and when we supposed our task ended, we perceived that there yet remained large masses behind the top of the sternum, which insinuated themselves over the mediastinum, and others between

the scaleni, and many more between the transverse processes of the cervical vertebræ and the posterior muscles of the neck. We were delayed half an hour in this delicate part of the operation, having finally eliminated the tumour without any accident. It was truly impressive to contemplate this vast fuming surface in whose depths were seen the nerve plexuses and the large injected veins, whilst the silence was broken by the vibrations of the carotids and the subclavian.

Sixteen hæmostatic pincettes were applied on the arterioles and small veins, and torsion was made on a branch of the transverse cervical, which was the chief nutrient artery of the neoplasm. The capillary hemorrhage was controlled by continually applying compresses soaked in the alcoholic solution of salicylic acid, on the cut surfaces, as they became gradually exposed. Furthermore, many hemorrhagic accidents were averted by the use of an instrument much overlooked by surgeons, and which is always present in their cases. We allude to the spatula, which in our operation performed the principal *role* in the dissection, and which we shall in future recommend especially for the extirpation of large tnmours. By its obtuse point, its fine non-cutting edges, and its curvature, it seems as if expressly made for insinuation into the lax connective tissue, without injury to the partitions and walls of important organs. It possesses a marked superiority over the handle of the scalpel. Half an hour after concluding the operation, all the hæmostatic pincettes were removed, and the traumatic surface was perfectly washed with the salicylic alcohol, and when it was quite dry, exact apposition of the cut parts was made, and three Chassaignac tubes were left in, one leading from behind the sternum, another crossing the whole region and coming out by a contra aperture by the spinal border of the scapula, and the third from between the scaleni, coming out at the external angle of the incision. The edges of the wound were united by twelve stitches, and the Listerian occlusion was made, compression having previously been made over the supra-scapular hollow, in order to prevent the existence of any sac.

The progress of the case was very satisfactory. There was febrile reaction for three days, but the temperature scarcely exceeded 39°C. (102.2°F). The cough, dyspnœa and dysphagia completely disappeared, and the deep cicatrization took place so rapidly that twelve days after the operation the boy not only quit his bed, but walked about the courts of the hospital. The lips of the wound, however, suffered a *contre-temps*, due most probably to an epidemic of diphtheria then prevailing in the establishment. There remained only one little spot for cicatrization, when suddenly it took on an ulcerating character, which had to be combated by iodoform, and about a month was required for complete healing. The boy now enjoys excellent health, and the cicatrix below the clavicle can hardly be distinguished.

The tumour weighed 1250 grammes (2¾ lbs.); and consisted of 78 lobules, the largest about the size of a hen's egg, the smallest, of a chick pea. Some were soft, contrasting with the cartilaginous hardness of others. All were united by a lax connective tissue, and formed various groups surrounded by an incomplete fibrous capsule.

CASE OF PLEURO-PNEUMONIA, COMPLICATED WITH EMPYEMA.

BY J. H. RYAN, M.D., SUSSEX, N.B.

With a hope that the history of the following case may be of some practical interest to the readers of the LANCET, I beg to contribute it towards the literature on this subject.

On the evening of the 12th May, 1878, I was summoned to attend J—— O——, a native of N. B., a farmer, single and æt. 25. He was of a robust constitution, and had always enjoyed good health, but he was addicted to the vice of intemperance and often suffered in consequence from exposure. It was in this way that he contracted the above disease.

His present illness commenced twenty-four hours previous to my visit, with pain in his right side, cough and dyspnœa. On physical exploration of the chest there were revealed engorgement of right lung with pleurisy. The pulse was beating tumultuously at 122 per minute, and the inspirations 33; temperature, 104.5°; the skin was perspiring freely; and the tongue was furred. Fomentations were ordered to be applied over the right lung, and an aperient administered. A mixture containing carbonate of ammonia and vin. ipecac. was directed to be given at regular intervals, and a Dover's powder to be taken at bedtime.

May 13.—No improvement, but felt easier in the afternoon.

May 14.—Pain more intense, crepitant and subcrepitant rales audible over the right lung; pulse, 94; inspirations 25 per minute; and temperature in the axilla, 102.6°.

May 15.—Delirium; pulse, 86; inspirations, 34; lower half of right lung solidified. A small quantity of brandy allowed, and supporting remedies in moderation.

May 16.—Feels better; pulse, 86; temperature, 102.5°; complains of pain along the crest of the right ilium.

May 19.—Spent a restless night, and complained much of dyspnœa and pain in different parts of the body; pulse, 80; inspirations, 30; temperature, 100.4°; cough insignificant, and appetite tolerably good. Physical signs of this date reveal the left lung and upper lobe of the right normal, and the vesicular murmur and resonance more pronounced at the base of diseased lung, and the general symptoms denote improvement.

May 23.—Pulse, 75; inspirations, 30; temperature, 100.7°. A specimen of urine examined gave a faint acid reaction; no albumen; the chlorides increasing, and sp. grav. 1010. The dulness was greater and more pronounced at the base of right lung than when examined four days previously. By changing the position of the patient I was able to detect fluid in the right pleural cavity in small quantity. Elaterium and buchu were prescribed with a view to hasten the absorption of the effusion.

May 25.—Area of dulness increasing; pulse, 105; inspirations, 32; temperature, 98.8°. Urine tested gave the same indications as before, excepting the sp. gr. which was greater. The patient continued on in much the same condition; the hydragogues and diuretics failing to reduce the effusion to any perceptible amount.

June 3.—The symptoms more aggravated; pain, cough, restlessness, loss of appetite, an anxious countenance, and low delirium. Pulse, 128; and temperature, 102°.

June 5.—I indroduced the needle of a hypodermic syringe into the pleural cavity and withdrew one drachm of purulent matter, and informed his friends that it would be necessary to operate and remove this collection.

June 6.—I performed the operation of paracentesis thoracis in the eighth intercostal space, in the axillary line, and withdrew 30 ounces of purulent lymph. The patient felt much relieved after the operation, and the inspirations fell to 24 per minute; pulse, 98; and temperature, 101.1°. A morphine powder was ordered to be taken at bedtime.

June 8.—Perceptible improvement. The bowels being constipated senna was administered. Some bulging yet noticeable on the diseased side, which on measurement being made was 18 inches from spine to sternum, one inch greater than the corresponding side, but an inch less than it was previous to the operation. Right lung comes down lower in front, but still dulness exists at the base. His diet since yesterday has been a little too much, consisting of 3 oz. brandy, 1½ pints of milk, a dozen oysters, some tender broiled beef and biscuit.

June 9 and 10.—Feels not so well to-day; pulse, 96; and tongue becoming coated. Physical examination of the chest reveals left lung normal, heart normal, but right pleural cavity becoming more distended with fluid, though no increase in measurement.

June 14.—The symptoms being unfavourable I concluded to make a free opening of the pleural cavity and insert a drainage tube. Assisted by Dr. B. McMonagle, I made a free opening into the eighth intercostal space in the axillary line, introduced a rubber drainage tube about three inches, and secured it by transfixing the tube with a hare-lip pin, which was readily passed through strong, adhesive plaster in such a manner as to make a complete and simple appliance for securing it to the chest. About 30 ounces of sanguinolent fluid escaped through the tube, after which the pleural cavity was washed out with a weak solution of carbolic acid. The pulse before the operation was 124, after it, 104; respiration, 30 before, and 24 per minute after the evacuation of the liquid.

June 15.—On removing a small plug I had inserted into the tube to prevent air from entering, 12 ounces of pus escaped, and the cavity was washed out with a solution of permanganate of potash. His diet to be nutritious, and to have porter, a wineglassful every two hours.

June 16.—Much improved. The discharge to-day amounted to one pint. Cavity washed out with carbolic acid solution.

June 17.—Improving; pulse, 88; respiration, 24; temperature, 98.7°; and no discharge from

pleural cavity since yesterday. Injected Condy's fluid in half-a-pint of warm water, which returned without any increase in quantity. Prescribed a mixture of potass. iodidi and tinct. cinchonæ co.

June 18.—Is not so well to-day. By turning the patient well over on his side so as to bring the opening as low as possible, about 9 ounces of very thick pus escaped. Condy's fluid was injected and allowed to remain ten minutes, the patient rolling over so that the wash might be generally distributed over the pleural surface. After it came away the patient went to sleep immediately.

June 19.—Is better; ten ounces of pus escaped. Cavity washed out with carbolic acid solution.

June 20.—About 20 ounces of pus escaped to-day.

June 22.—The tube cut short, and a large handful of oakum applied with the tube open.

June 23.—Was sent for in haste, as the patient had fainted. His sister, who had been intrusted with the injecting of the fluid, was told to cease the injection, but did not do so—which caused great distress and syncope. From this time forward, however, the case progressed rapidly.

July 1.—I ordered the tube to be stopped for 26 hours; on the removal of the plug, only one ounce of thin liquid escaped.

July 7.—The tube was removed, and the patient continued to improve. He convalesced so rapidly that he was able to work in a short time, and cut all the hay on his father's farm without assistance.

Remarks.—I would urge upon the profession the advisability of early operative interference in empyema. To operate early it is necessary to be well satisfied that fluid exists in the pleural cavity. This is quickly and positively ascertained by introducing a hypodermic needle in one of the intercostal spaces and drawing off some of the fluid if any exists, the nature of which can then readily be determined. There can be no danger, according to late English authorities, should the needle of the syringe accidentally enter the healthy lung, or the liver. This is a valuable aid in the diagnosis of this disease, and may be instrumental in preventing many grievous errors, similar to the following instance: A few years ago I remember having been called to attend a patient, in the absence of the family physician. I diagnosed the case, pleurisy with effusion. I did not see the case again for several weeks, the family physician having returned and taken charge of the case. I was not called in consultation as I expected to have been, but learned that owing to the disease not progressing favourably the attendant physician called in consultation another medical man, and they came to the decision the case was one of pneumonia.

A few weeks later passing that way, I was called and asked to step in and see the sick man who was still confined to his bed. I refused to do so, but being assured that he was not under any regular physician's care, I reluctantly consented to see him only. He was much reduced and not able to assist himself in anyway. The physical signs indicated liquid in the pleural cavity. I informed the invalid of the fact, and urged him to have it removed by operation, and that if he did not have it so removed the collection of purulent matter would probably make its own way out if he lived so long, but he persistently refused.

A few weeks later, curiosity led me to call and see how far my predictions had been verified. At the base of left lung in front, a diffused redness existed with an aperture in the centre from which a thin purulent matter made its escape. On the right side above the right nipple and towards the sternum was a round hole the size of a goose quill, through which air and thin purulent lymph would whistle and flow with every inspiration and expiration. This man lingered on for weeks and even months, and suffered from painful bed-sores. Nature had done her part in making a spontaneous opening, but too late, his life slowly ebbed away, within twelve months from the commencement of the disease.

Correspondence.

PUBLIC PROSECUTOR.

To the Editor of the CANADA LANCET.

SIR,—Will you kindly permit me through your valuable space, to call attention to the state of the medical profession in the eastern counties of Ontario. In the May number of the *Lancet* a correspondent under the signature of "Justice" referred to it, at the same time accusing the public prosecutor of not doing his duty towards the licensed medical men. "Justice" complained most of midwives, but I do not think any physician could injure himself much by personally prosecut-

ing them. I do not myself ask the public prosecutor to look after them, but I do ask, and believe I have a right to ask him, to come down to this section occasionally. "There are larger fish to catch here than midwives." I have waited patiently to see if the appeal of "Justice" would be responded to, but I must say I have been disappointed.

In two adjacent counties only, (in one of which I have the misfortune to have settled) there are no less than *twelve unlicensed* medical men, and but *six* that are licensed, and in almost every case do these unlicensed men hold the best fields, shielded by professional etiquette and the carelessness, or, I believe more truthfully, the laziness of him who is appointed to look after our interests. I believe it is quite useless to write to the present worthy prosecutor, as I have been informed by surrounding medical men that they have done so more than once, but their requests have all passed unheeded.

These men who are thus "sponging" upon the courtesy of their qualified brothers, are, with few exceptions the meanest of practitioners, using underhand means to injure those they ought to respect. What would some of your western medical men think of practitioners who would treat an ordinary case of diarrhœa as typhoid fever, colic as peritonitis, follicular tonsillitis as diphtheria, &c., and by the rapid cures that must follow such trifling disorders, to build up their reputation and secure lucrative practices? Some of them systematically make it appear that their patients are much worse than they really are, even when their diagnosis is correct, in order to *worm* themselves as far as possible into the gratitude of the public. Every physician is aware how much such doings affect an ignorant public. Yet such are the means taken by the unlicensed (and even some of the licensed) men in this section. Not content with usurping the rights of others they stoop to such low, mean practices as the above, to further injure their legally qualified neighbors. I am not writing what others have told me, but what I have observed myself. It has been said and will be again I suppose, that we should prosecute personally, but these men so work upon the sympathy of the public, that it is worse than useless to attempt such a procedure. It is all very well for Dr. Harris of Brantford, in his answer to "Justice" to advocate prosecution of these men personally; he may be an old practitioner whose practice is firmly established, but for young men to act as he advises, would be a sure means of dispensing with what little practice they have. Now I think we have as much need of a visit from detective Smith as any section in Ontario; for I venture to assert that there are no two other counties whose unlicensed practitioners are as two to one.

Trusting that this may lead to some good, and thanking you for inserting it in your valuable journal.

I am yours truly,

Dec. 15th, '79. FAIR PLAY.

To the Editor of the CANADA LANCET.

SIR,—The LANCET for November, 1879, contains an original communication on "Antiseptic Surgery," by Dr. Canniff of Toronto, which I hope will not pass unnoticed. Dr. Canniff refers to Mr. Savory's address. I would refer him to the columns of the *Lancet*, (London), and *British Medical Journal*, for various articles, editorial and in correspondence, dealing with Mr. Savory's address, and dealing with it in a very satisfactory manner. Particularly he might read the articles by J. Greig Smith of the Bristol School, and Thompson of Richmond Hospital, Dublin. Dr. Canniff had no necessity to trouble himself, or fill the columns of your paper with cases treated *without* Lister's method, and doing well, as the majority of cases treated surgically before Lister was known, as well as those now treated by other methods than his, do well. The experience of every surgeon must be sufficient on this point. These cases prove nothing *against* Lister, but if good, may be better, and if Lister's method insures this, why not follow it? Then Dr. Canniff gives a case from Charing Cross Hospital. He selects one of those cases in which no certainty can be had, that septic matter had not got into the wound, and remained there in spite of treatment. Besides, considering the novelty of Listerism at Charing Cross, is it not fair to ask if the treatment was really Listerian? Three or four days should have decided as to the asepticity of the wound. It were folly to keep on the dressings longer if not aseptic. He refers to Hutchinson's method; it is no doubt excellent, so was that of Callender, but that does not prove Lister's is not "a more excellent way." I think Dr. Canniff shows something like spleen when he speaks

of "missionary journeys," etc. Dr. Canniff need not envy Dr. Lister's well earned glory. I do not wish to hurt any man's feelings, but I would ask any surgeon to take a course of Lister's clinics, and if after six months he did not change his mind I should suspect he had none. I wonder if Dr. Canniff would have kept his seat in dignified contempt, while all the representatives of medical science at the Amsterdam Congress stood up to cheer and welcome Professor Lister.

Mr. Editor, I may appear too harsh, but having been a student of Prof. Lister, I look upon these letters on Listerism, (as I do upon letters in non-medical papers by medical men) as doing great injury to our profession.

W. S. MUIR.

Truro, N.S., Nov. 20, 1879.

To the Editor of the CANADA LANCET.

SIR.—In the current number of the LANCET there appears a letter from the President of the College of Physicians and Surgeons of Ontario, which requires more than a passing notice. In this letter the President in plain and unmistakeable language acknowledges that he has thrown the ægis of the Council over a class of individuals who style themselves "midwives," although it is well known in all the communities which they infest, that nine-tenths of them possess in no shape or form, any license or document whatever, that any special instruction or knowledge has qualified them for such a title. In equally plain language he also gives his own peculiar interpretation of the Ontario Medical Act, as his reasons for so doing.

Let us analyze them; he says: 1st. The College of Physicians and Surgeons is not to be regarded as an institution to afford protection to the "*licensed*" against the "*unlicensed*" but the very opposite. 2nd. The intent of the Ontario Medical Act was simply the protection of its lieges from ignorant "*men*" acting as physicians; it never went beyond that, and the college was instituted for the express purpose of carrying out this intent and no more. The question therefore for the general body of the profession to consider is, whether they are prepared to endorse such an interpretation, and if not, what effect it is likely to have on its present and future prospects.

No. 1 is easily answered. If the College is not to protect the licensed against the unlicensed, what use it may well be asked, is it to be licensed? Only those who can stand its test, can receive their license, which is given to them as the President says, in order that the College might be able to put into exercise the only function which it possesses, viz: that of affording protection to its lieges,"—but I would ask him, why the licensed practitioners of Ontario are to be excluded from the privilege of participating in the rights of a liege as well as any member of the general public? I should have thought that as one of the constituent or component parts of the College, he would have the right to protection. The act says that the whole of the profession of Ontario is to be incorporated as the College of Physicians and Surgeons, thus giving them the inherent right to protect themselves; hence taking this view of it, neither the Council nor its President are performing their duties in thus shirking what plainly is a duty.

It the Council chooses to throw its mantle over the unlicensed, telling the profession as the President very elegantly does in the last lines of his letter, to go and protect themselves if they have "a call of conscience" or if they think the "game is worth the candle," why should we be taxed? Why pay in our money to keep up a set of men who manifestly only perform one half of their obligations, "by" (to quote the President's own words,) "not setting in work the processes of the law" which he very naively says, is "not breaking the law." On this point I would ask him, what was the intent of those who framed these processes? Was it that they should be called out when required, or that they should remain for ever a dead letter? If the latter, what a farce to frame them. The President acknowledges that the College is a failure, and has many faults. I think that most will agree with me, that of its numerous shortcomings, and they are many, this one of dereliction of duty, and a manifest disinclination to properly and thoroughly carry out the provisions of the act, is one of the greatest, and the chief cause of the great dislike that exists towards it.

No. 2, or the President's interpretation of the intent of the Ontario Medical Act is to my mind, rather a curious one, and will not I imagine, receive general endorsation. To deal with it, I must quote the words of the act on this point. It says: "It shall not be lawful for any person not

registered, to practice physic, or surgery or midwifery in the Province of Ontario, for hire, gain or reward. Any such person on being convicted before any justice of the peace shall pay a penalty not exceeding one hundred dollars, nor less than twenty-five dollars."

In these words it is distinctly laid down that no person, (I read it male or female) is to practice physic, surgery, or midwifery without a license. The President and the Council however, construe the word person as applicable only to males, as they have stayed all proceedings against a lot of "pseudo midwives," who infest every city and town in the Province. Altho' the act does not specially say who is to prosecute, and it is quite evident that the Council has taken advantage of this silence, still one would naturally suppose, that in addition to what the President considers "its sole duty" viz., the testing of the qualifications of those only who seek as he says to "care for the health of the community," that they should also sedulously, for the sake of the same community look after those who know right well that if they presented themselves for the purpose of being qualified for the care of their own particular class, their ignorance would soon give them the "right about." It is much to be regretted that in the construeing and carrying out of this act, a leaf has not been taken out of the book of the profession of Great Britain. How different is the construction put upon it, and the arrangement of the forces put into operation to make it a reality, and not a dead letter there, as compared with that which exists here. Here we are coolly told, be magnanimous, don't disgrace the unselfishness and devotion for which your profession has been hitherto so distinguished. Let these poor women alone, preach the doctrine that it is not the profession that requires protection, quite the contrary, it is the public, the profession would never stoop so low as to think of protecting itself; the Legislature, and the thinking portion of the public, will think all the better of you for it, and finally the millenium will be reached, and your noble self-denial will be certain in the end to be rewarded with success. Do these high-falutin sentiments prevail there? No, not by long odds, but quite the contrary; the profession is composed of sensible practical men, well do they know the fatal leaning to quackery, and unlicensed practice that exists among the general public; they have formed themselves into a defensive association whose business it is to look after the "processes given to them by the Act," to put down all unlicensed practitioners, male or female. Will any member of the present Council say that in the protection which they thus secure for themselves, it is not at the same time also gained for the public?

It seems a strange paradox that at the present time this very Council are demanding that a protective duty of $400 be placed on the license of any registered practitioners from Great Britain, while at the same time they are endeavoring to establish a quasi free trade on their constituents in the province. It is not too much to say that many a day would elapse before the Medical Council of Gaeat Britain would so far forget themselves as to hold out the right hand of fellowship and affiliation to such a set of uneducated and ignorant females as the Medical Council of Ontario have done to the "tyros" who are preying on the lives and credulities of the female portions of "its lieges."

Yours, etc.,

"PROTECTION."

London, Dec. 14th, 1879.

Selected Articles.

RESULTS OF OVARIOTOMY, BEFORE AND AFTER ANTISEPTICS.

By T. Keith, F.R.S., Edinburgh.

"Ever since Mr. Lister showed me—now more than ten years ago—a large blood-clot organized in the wound of a compound fracture, I have followed his antiseptic treatment through its various stages in my daily surgical work. Time has only convinced me of its value. In those early days of antiseptics—I speak of ten or twelve years ago—it did not seem possible that any method could be devised whereby the antiseptic principle could be properly carried out in the removal of abdominal tumors. Yet, in the hope that a certain amount of carbolic acid introduced into the abdominal cavity might prevent or retard the putrefaction of the red serum that is apt to stagnate in the pelvis after ovariotomy, a two or three per cent. watery solution of carbolic acid was freely used in sponging and cleaning out the cavity; antiseptic ligatures, first of the finest silk and then of catgut, were used, and all instruments were rubbed with carbolic oil.

Towels were soaked in the watery solution, and so metimes held against the wound, in the vain hope of keeping the air pure as it rushed in when the peritoneal cavity was opened. Carbolic acid was wasted in every possible way. The floor and walls of the room in which the operation was to be performed were sponged with it, and the air was charged with the vapour driven off by heat. For nearly three years—from 1869 to 1871—this practice was more or less carried on. The results, which from that time had hitherto been good, did not improve, but rather the reverse, and, after two or three mysterious looking deaths, in cases that should have done well, this carbolic-acid treatment was thrown aside. It had brought nothing but disappointment and vexation of spirit.

For the next five years, though I continued to use it as usual in ordinary work, no carbolic acid whatever, nor any antiseptic, was made use of in my ovarian operations. Unable, though believing in it as much as ever, to carry out the antiseptic principle, and thus find protection from external agencies, I thought this operation one in which it would be better to trust to care and cleanliness alone. Sponges were simply wrung out in hot water, long boiled, and if any carbolic acid were used in the cleaning of them, it was washed away before an operation was begun. Beyond a purgative, nothing of the so-called "preparation" of the patient was made. No restrictions were put upon visitors, except that they must not have come directly from a dissecting-room, or from visiting a case of erysipelas, and they were requested not to touch the sponges. These I always cleaned and took charge of myself. The friends who assisted me—all busy men in large obstetric and general practice—took no special precautions against infection. Sometimes, on putting the question, it was found that almost every kind of infectious disease had been already visited that morning; once only was there a suspicion that mischief was carried, for one of my friends himself took severe erysipelas a few days after he had assisted me at an operation. The patient recovered after a slow attack of blood-poisoning. The regulations made in some hospitals, that every visitor must sign his name in a book, declaring that he has not for a week visited any case of infectious disease or attended a *post mortem* examination, before being admitted into the operating-room, has always seemed to me to be meant for a sort of *plaisanterie.* For my own part, when a case goes wrong after an operation, I have seldom to look far beyond myself for the cause of failure —something done, something not done. This is a lesson hard to learn: we blame persons, things, accidents, and circumstances, rather than ourselves.

During the operation, the abdominal cavity was more freely exposed than I have ever seen it done by another operator. It was also cleaned more thoroughly, and there was no haste in closing the wound; half an hour's waiting was time well spent. Every oozing point was secured by the finest of ligatures, always Lister's, or by the cautery. Large lumps of cellular tissue were not tied, only the bleeding points. The clamp was gradually displaced by the cautery, and when ligatures were required to the pedicle, very fine soft iron-wire or catgut was used; I never used the very thick silk, which I have often seen left in the abdomen, of a thickness and strength sufficient to hang the patient. Even very fine silk, I had long discarded. That I was fortunate in having done so, the recent results given in Mr. Well's Surgical lectures prove. Of 157 cases in which he employed silk ligatures to the pedicle, sixty died, or 38 per cent., whereas of my first fifty cautery operations performed under similar circumstances, where from the thickness or shortness of the pedicle, or both, the extra-peritoneal method could not be used safely, there were only four deaths, or 8 per cent. Then drainage, by a large perforated glass tube passing to the bottom of the pelvis, became the rule in severe operations. Finding that the red serum, that enemy of the ovariotomist, would not lie safely in the abdomen by the addition of a little carbolic acid till absorption had taken place, it was got rid of every three or four hours by a tube and syringe as it collected in the pelvis. Doubtless this was a troublesome process, but it lessened or entirely prevented the absorption fever, and that it had saved lives I am sure. Judging from the large quantities—pints sometimes, once 146 ounces—of broken-down blood clot and serum got away during the first few days after severe operations in feeble women, no one will convince me that drainage thus practised in those days was of no use, whatever it may now be in operations performed under antiseptics.

Since 1876, every operation has been performed with all Mr. Lister's care, under the carbolic acid cloud, and I shall never go back to the old way. But before giving my impression of ovariotomy thus performed, I wish to tell you exactly the results that can be got after this operation, by simple carefulness, without antiseptics. There is no mystery in ovariotomy. It is not a difficult operation. Is there any surgical proceeding that is? It is often an extremely simple one, yet it requires care; in bad cases it takes time, and may present a fertile field for bad surgery; yet any one, who is not in a hurry and takes the trouble, will get as good results. It is now more than sixteen years since I did my first ovariotomy. Beginning with seventeen deaths in the first hundred operations, the mortality year by year diminished, till at last, of the twenty-six operations before the use of the spray, there was but one death, the tumor removed in that case being a malignant one. Now, as the results of a single year may be accidental, I take the whole number performed during the five years immediately pre-

ceding the use of the spray. Including two cases of return of the disease in the other ovary, there were in all ninety-four operations, eight being double. Twenty-four of these were performed in the patient's own homes, or in lodgings, or in the country; seventy, in a small top flat, where the hospital patients were taken for nearly ten years. Though I had for a time, some years ago, the sanction of the managers to do ovariotomy in the Royal Infirmary, the only room then available for me in the crowded building was a small old fever ward at the top of the house, next the scarlet fever and small-pox wards. I soon found it better for the good of the patients, no less than for the credit of surgery, to have all the hospital cases placed near my own house, where they could get quiet, cleanliness, and perfect nursing; and after being threatened by an interdict from the Court of Session, I was allowed to pursue my surgical experiment in peace. Of the ninety-four patients operated on during these five years, nine died, four of the private cases (two being malignant tumors), and five of the seventy hospital ones (one malignant). No result approaching this—one in fourteen of hospital cases—had hitherto been anywhere obtained in any hospital or in any private practice, over a series of years or in any single year. I wish, for the credit of my small hospital, which I carried on almost entirely at my own expense, to make this statement of results distinctly; and I would not make it prominent now, but that year after year the authorities of the Samaritan Hospital proclaim in their reports, in the largest of Roman letters—though one of the surgeons tells me that he has objected to the statement in vain—that the results got there are always the best that have yet been obtained—the mortality of the Samaritan Hospital down to the end of 1876 being nearly one death in every four operated on; of the last five corresponding years, one in five.

Of the nine fatal cases that occurred during the five years preceding the use of the spray, in three the tumors were cancerous. One death arose from obstructed intestine, and another from old kidney disease. These five were probably hopeless under any conditions. Three of the others might have recovered with earlier operation or with drainage; only one was a simple operation with moderate adhesion. It was a large tumor complicated by an uterine fibroid. I unfortunately removed a pediculated out-growth which seemed to be in the way. I have little doubt that antiseptic treatment would have covered the errors committed during that operation.

I had not performed ovariotomy half a dozen times, when I felt sure that it would become, perhaps, the safest of all surgical operations; for in the rapidly absorbing powers of the peritoneum—though in these lie at once both the danger and the safety of the patient—the surgeon has an advantage, if he make right use of it, that he has in no other. At the end of 1876, this safety-point seemed almost within reach. The mortality was steadily decreasing, that of the last hundred operations being under ten per cent., while of the cautery cases it was little more than seven per cent. The results obtained were almost free from avoidable mortality. There was no death for nearly seven years after an operation for a non-adherent simple tumor; in a large proportion of the fatal cases, the tumors were of a cancerous nature, some with secondary affections of the peritoneum a class of cases which, thanks to the investigations of Dr. Foulis, to be afterwards referred to, can in future be always recognized, and in certain of them operation avoided as useless.

Then, in the other fatal cases, with one exception, the operations were extremely severe. It was in such cases of large adherent tumors in feeble women who had come late in the disease that some assistance was wanted. I seemed to have got to the end of my resources. Drainage, and all the care I could give, did not sometimes prevent the blood-poison; for even the feeblest of those operated on rarely die from shock or exhaustion, but from rapid septicæmia. This help I hoped to find in antiseptics now properly applied. Yet, after my former experience of the carbolic acid treatment, I hesitated long ere I used the spray. Its effects in prolonged operations done under it, were not encouraging. Several cases operated on by friends here with all possible care proved fatal from blood-poisoning. So did one or two done in Glasgow. In London, the only case I knew of was done at the Samaritan Hospital by Mr. Thornton, who sent me the notes of it. It was a clear case of death from septicæmia, with some brain symptoms towards the end. The method was blamed for this result, and in consequence the spray was thrown aside and was not again used there for many months, when its employment in ovariotomy had elsewhere become comparatively common. By this time, the German surgeons had settled the question of safety, though their results were still not much to boast of. Mr. Wells, in his sixth lecture (July 1878), tells us that he had just then received a letter from Dr. Oldshausen of Halle, giving the results of his own practice and those of Esmarch, Hegar, and Schroeder, with and without antiseptics. Without, there were 65 cases and 33 deaths—1 death in every 2 operated on, results so dreadful that they seem simply incomprehensible. Of 155 cases done antiseptically, there were only 33 deaths, or nearly 1 in 5—a mortality still more than double that of my cases for more than five years without antiseptics of any kind.

Without antiseptics, my results over fourteen years give a mortality of almost 1 in 7. Of the five years preceding the use of the spray, nearly 1

in 10½—of the last of these five years 1 in 21. To what, then, are these results to be attributed? Why should my results without antiseptics be nearly six times better than those of these German surgeons (33 deaths of their last 65 cases—6 of the last 70 of mine), and so much better than those of Mr. Wells, or those of the Samaritan Hospital, in an operation that requires no special surgical skill. Leaving out of view some huge counteracting influence in the German operation, I think they are due—1. To drainage of the abdominal cavity in severe cases by a large perforated glass tube going to the bottom of the pelvis. It is to Kœberlè that I am indebted for the idea. He kindly gave me two of his small tubes in 1866. These were soon found to be narrow and too short. They got easily choked with clot or lymph. For the last ten years, I have used the large glass tube now in common use. Till I had learned in what cases to drain, the tube was used in alternate cases of the severe operations. I am as certain as I am of my existence, that had I used them earlier and oftener the mortality would have been less by one-third. These tubes I supplied to ovariotomist friends in all parts of the world, though no one used them, so far as I know, till attention was called to drainage by the vagina by Dr. Marion Sims—a method which seems to me to be one calculated rather to give rise to blood-poisoning than to save the patient from it. It is remarkable that the only year in which the mortality of the Samaritan Hospital fell to 10 per cent. was in 1876, when drainage by these glass-tubes was first generally used. 2. To the use of the cautery in dividing the pedicle as proposed, and practised by the late Mr. Baker Brown. How the lesson given by his last results have been so systematically ignored in London has always been a marvel to me. 3. To the employment of Kœberle's compression forceps, in large numbers, whereby loss of blood is prevented. His model is still the best, notwithstanding the clumsy imitations of it lately invented. 4. To the substitution of ether for chloroform in my last 230 operations, whereby the after vomiting is avoided, and the risk of hæmorrhage when the wound is closed diminished. All these things have, I think, helped to lessen the mortality, but the drainage and the employment of the cautery in the division of the pedicle have contributed most.

So much for ovariotomy and its results before antiseptics. I have now done forty-nine operations as carefully as possible under the spray. Two of the first eight died, the rest,—forty one in number—all recovered. At first the results were disappointing, for I expected too much. After two or three cases that would have got well in any way, five patients presented themselves at the same time, whom I would gladly not have seen till I had more experience of the spray in ovariotomy, though just the kind of cases in which assistance was hoped from antiseptics. 1. A young woman who had been nine months in bed from a large burst dermoid cyst. She had double phlegmasia dolens, the œdema extending over the trunk into the axillæ. For months she lay poisoned, often apparently dying, with great pain and vomiting, yet she, after nine tappings, rallied, and was able to be brought into town. She was against operation, feeling sure she would not recover. I urged her to have it done, telling her of all I hoped from this new method. Instead of closing the wound as I ought to have done, I went on and completed the operation after three hours and a half. Both ovaries were universally adherent, and a mass of bone, hair and fat, that had become encysted in the upper part of the abdomen, was dissected out. Time was lost in replenishing the spray-producer, and when she was put to bed the temperature of the body had fallen to 92 degs. Eight hours after operation it had risen only to 95 degs. No urine was secreted, and she died comatose thirty-two hours after. 2. Case of large semisolid tumor of 95 lbs. She was anæmic, and had often been tapped. She, too, was unwilling for operation, feeling that her strength was all gone. The same arguments as before were used, and she was encouraged to run the risk. The operation was as bad as could well be—adhesions everywhere—especially to liver, lumbar, and iliac regions. It was the old story—pain, vomiting, and death from septic peritonitis. 3. An old lady of 64, who declined assistance till she was in a typhoid state from suppurating cyst. There were sloughs on the sacrum. The cyst held 60 lbs. of pus, and there were extensive adhesions in the pelvis. The case was a most unfavourable one; yet, with much stimulation, she ultimately recovered, though she had a rapid pulse and high temperature for long after. 4. Case of old, burst, jelly cyst, in a lady from Newcastle. There was very old thickening of the peritoneum, and the abdomen was full of jelly. Both ovaries were diseased. She did well for four days. Then came pain and fever. Two pints of horribly red serum were removed by puncture behind the uterus. This had to be done again and again, and for six weeks there was a hand fight against the blood-poison. It was a continued effort to keep the pelvis free of putrid fluid. I believe that the whole abdominal cavity suppurated in this case. The difficulty of establishing a permanent drain was great. There were severe hæmorrhages after the incisions in the vagina, followed by severe rigors, and once Douglas's space was filled with blood-clot. She bore nourishment well, and drank brandy like water, and recovered perfectly. In this case, I think infection must have been conveyed by the cut fallopian tubes close to the uterus, for, on the third day, there was some metrostaxis. 5. A case of bad pelvic ad-

hesion. Here, also, fluid had to be evacuated from the abdomen, and discharge went on for many weeks. Thus, at first, through want of drainage, things seemed rather to get worse under the antiseptic treatment, reminding me not a little of my experience with the carbolic acid treatment some years ago.

At first, I tested the spray very severely. The operations were more hurriedly performed—that is, I spent shorter time over them, and did not sponge so carefully; neither was I so careful in securing every bleeding point, nor did I wait for the after-oozing in severe cases. I gave up also the drainage tube, but soon found that the patients did not go on so well, and there was sometimes troublesome absorption fever. One case quite convinced me that the old carefulness could not, even with the spray, be dispensed with. I had operated on a patient of my friend Dr. Sidey, my *fidus Achates* in many a hard operation. It was a very bad case of acute suppurating cyst, with typhoid symptoms. I shut up quickly. There was some oozing going on from extensive parietal adhesions, and some purulent-looking ovarian fluid had escaped into the pelvis, and even this was imperfectly sponged up. He asked me to sponge this a little more. My reply was, that if the spray was worth anything, it would keep all sweet and the peritoneum would take care of it—purulent fluid or no purulent fluid. The patient got on badly, the typhoid symptoms became more marked, and she required much stimulation. On speaking to him one day about the high pulse and temperature, his reply expressed my thoughts of the last few days: "It is all your own fault. You should have sponged that belly better, and not left her to absorb the dirt you left behind. I wish when you try experiments again that you would not begin on my patients, but clean them up in the old way." Fortunately, in this case, the peritoneum was able to dispose of what had unnecessarily been thrown upon it to do.

The results of the spray cases are given in the accompanying table. The same arrangements are followed as have been done before, with the addition of the length of time the spray was continued in each case.

Table of Results of Ovariotomy before and after Antiseptics.

Medical Attendant.	Age.	Duration of Spray.	Adhesions, etc.	Result.
		Hrs. & Min.		
Mrs. Bruce, Dundee	73	,30	Parietal adhesions; 22 lbs.	Recovered
Dr. Croom	58	,50	Parietal adhesions; 17 lbs.	"
Mr. Covey, Puckeridge	60	1,10	No adhesions; 43 lbs	"
Dr. Sidey	67	1,15	Very extensive parietal and pelvic adhesions; 60 lbs.	"
Dr. Maclagan, Dundee	19	,40	No adhesions; 16 lbs	"
Dr. M'Kenzie, Larkhall	26	3,30	Adhesions universal; burst dermoid cyst; both ovaries removed	Died
Dr. Brown, Dunfermline	21	,45	Very extensive and firm parietal and omental adhesions; 47 lbs.	Recovered
Dr. Loraine, Castle Douglas	53	2,15	Very extensive parietal, omental, intestinal, and to liver; 95 lbs.	Died
Dr. Wilson, Gateshead	41	1,	Burst jelly cyst; pelvic; 19 lbs.; both ovaries removed	Recovered
Dr Edmond, Stonehaven	40	,45	Very firm and general pelvic adhesions; 27 lbs;	"
Dr. Montgomerie Bell	61	,20	No adhesions; 40 lbs.	"
Dr. Dick, Harrington	54	1,15	General parietal; 17 lbs.	"
Dr. Dobie, Ayr	57	,40	No adhesions; about 20 lbs	"
Dr. Gordon, Linton	22	,20	No adhesions; 28 lbs	"
Dr. Gemmil, Kirkmaiden	24	,50	Parietal adhesions; 10 lbs.	"
Dr. Gemmil	57	1,15	Very firm and general parietal adhesions; 26 lbs.	"
Dr. Bell, Kingskettle	28	1,30	Extensive omental, parietal, and pelvic adhesions; 18 lbs.	"
Dr. Johnston, Stirling	48	,40	Fibroid uterus; pelvic and parietal adhesions; 14 lbs.	"
Dr. De Vitre, Lancaster	53	1,30	Very firm adhesions to uterus, and in pelvis; 28 lbs.	"
Dr. Cullen, Alexandria	20	1,20	Omental; sarcomatous tumor, 7 lbs.; ascites, 25 lbs.	"
Dr. Dickson, Carnoustie	27	,45	Parietal and omental adhesions; 25 lbs.	"
Dr. Moir	55	,30	No adhesions; 12 lbs	"
Dr. White, Perth	33	,40	Parietal adhesions; 29 lbs.	"
Dr. Menzies	62	1,	No adhesions; semi-solid; 8 lbs.	"
Dr. Dobie, Chester	19	,45	No adhesions; about 12 lbs.	"
Dr. Muirhead	62	1,15	Omental; burst cyst; both ovaries removed; 55 lbs.	"
Mrs. M'Turk, Liverpool	51	1,10	Very extensive omental and pelvic adhesions; 27 lbs.	"
Dr. Scott, Ilkley	20	,40	No adhesions; 35 lbs.	"
Dr. Curror, Kirkcaldy	53	,25	No adhesions; 19 lbs.	"
Dr. M'Culloch, Dumfries	35	,45	No adhesions; 15 lbs.	"
Dr. Moore, Glasgow	38	1,25	Very extensive parietal and omental adhesions; 16 lbs.	"
Dr. Paterson, Carnwath	55	,40	Pelvic adhesions; both ovaries removed; 20 lbs.	"
Dr. Clark, Cullen	52	,50	Extensive omental and parietal adhesions; 14 lbs.	"
Dr. Priestley	25	,55	No adhesions; 25 lbs.	"
Dr. Gardner, Bombay	44	1,40	Adhesions universal; suppurating cyst; 15 lbs.	"
Dr. P. Young	53	1,20	Very firm parietal and omental and intestinal adhesions; 20 lbs.	"
Dr. Dunsmure	57	,50	General parietal and omental; 15 lbs.	"
Dr. Burn	26	,25	No adhesions; 10 lbs.	"
Dr. Lumgair, Largo	63	1,15	Burst cyst; extensive intestinal, mesenteric and pelvic adhesions	"
Dr. Underhill	21	1,30	Very firm omental and mesenteric and posterior adhesions; 30 lbs.	"
Dr. Wallace, Greenock	56	1,45	Very firm general parietal and pelvic adhesions; 60 lbs.	"
Miss F., Aberdeen	25	,30	No adhesions; 14 lbs.	"
Dr. M. Duncan	38	,40	General parietal; 24 lbs.	"
Dr. Carlyle, Langholm	42	1,30	Firm omental and intestinal; cæcum and general in pelvis; 28 lbs.	"
Dr. Erskine, Ayr	60	1,10	Omental and parietal adhesions; 32 lbs.	"
Mrs. Marshall, Gourock	56	2,	Very extensive omental; to bladder and in pelvis; 41 lbs.	"
Dr. M'Culloch, Dumfries	41	1,35	Intestinal and mesenteric; generally in pelvis and to uterus; 35 lbs.	"
Dr. Whiteford, Greenock	54	,35	No adhesions; 13 lbs	"
Dr. Kerr, Dumfries	12	,50	Semi solid tumor; 8 lbs.; ascites	"

It is only fair to add that this series of operations has, on the whole, been less severe, though there were many bad operations amongst them, and there is a larger proportion of non-adherent tumors. Neither were the tumors so large. Thus, in 50 cautery cases (*Lancet*, April 1876), 18 per cent. of the tumors were non-adherent. In the above table the number of non-adherent tumors is 30 per cent. But I find in Mr. Well's last published 50 cases, 42 per cent. of the tumors were non-adherent. Instead of, as in former years, advising against operation in cases of moderate sized tumors, which had not yet become a source of danger, all were operated on just as they came. Hence the number of simpler operations.

The spray is neither troublesome nor inconvenient. The instrument at present in use is Gardiner's largest size. It has a double jet; and, when placed at a distance of eight or nine feet, the spray reaches the wound without any cooling current, and as fine as a London fog. That the spray is essential in ovariotomy to the perfect carrying out of Mr. Lister's principle is proved by my experience over so many years of the simple carbolic acid treatment. There can be no two opinions about this.

With antiseptics, some form of intra-peritoneal treatment of the pedicle will be found to answer best. The clamp has done good service, but it must give place to something better. The mortality attending its use is larger, and the convalescence slower, as a rule, than with the best of the intra-peritoneal methods.

The ligatures, when employed, were either catgut or fine soft iron wire. I have already stated that, of fifty-one cautery cases before antiseptics, there were four deaths; of thirty-one cautery cases with spray, all recovered. A method, then, which in the worst cases without antiseptics answered so well, must be a good one with them. What difference was there, then, in the cases that got well? Not much. Carefully prepared tables of temperatures of the two sets of cases show very little difference. There was, as a rule, the same moderate rise of temperature up to eight or ten hours after operation—more marked, perhaps, in both sets of cases in young subjects, especially if in too good condition; then a fall by next morning, and again a rise in the evening to about thirty four hours after operation. After that, almost a normal pulse and temperature, and a rapid convalescence, except in some of the cases where ligatures were left in the pedicles. In both sets of cases the wounds were dressed in the way I have now done for many years. Eight or ten folds of gauze soaked in an 8 per cent. solution of carbolic acid in glycerine, and over that a large cushion of cotton wool. When there was no draining, this dressing was not disturbed for a week or more, and primary union was always got with or without spray. The patient was generally out of bed by the end of the second week, and home, often a long way, during the third. Yet, the convalescence was easier in the antiseptic cases. They suffered less from flatus, and slept better. The nurses also tell me that they had less trouble with them, and had themselves much more sleep.

Yet, in three cases, the temperatures were the highest I have ever seen a few hours after ovariotomy. In one it rose to 104 deg., but was down by next morning. In another, five hours after operation, it was 106.2 deg; in another 105.05 deg. eight hours after. These two were cases of burst cysts. In both, the adhesions were unusually great to intestine, mesentery, and in the pelvis. Both were long operations, and there was great exposure of intestine and mesentery to the action of the spray. Now, I have rarely—not more than twice, I think—seen a temperature of 103 deg. on the evening of the operation in any case, before antiseptics; and I cannot account for the rapid rise in these two cases. In the case where the temperature rose to above 106 deg. so soon after, a most unfavorable prognosis had been given, the chances being put as a hundred to one against a favorable termination. She was sixty-three years of age; was in a typhoid state after a burst cyst, and was quite comatose. This condition continued more or less for a fortnight, and she has now no remembrance of the operation-day, or even of having seen me. I have rarely met with high temperatures in ordinary ovariotomy, and nothing has so much surprised me as to read of the hyperpyrexia which Mr. Wells tells us is the rule after ovariotomy. I had never before antiseptics found it necessary to use ice to the head to bring down fever in the first days after operation. The ice cap was only used once in a case of acute septicæmia, and the temperature remained unaffected. Indeed, in all my cases before the spray, not more than five or six pounds of ice were got for the whole number, and the most of that was wasted. I attribute the hyperpyrexia to operating in women overfed, or in too full health with small tumors, or to imperfect cleaning, or not drainage of the abdomen, thus giving rise to absorption fever. Many years ago, when I sometimes removed moderate sized semi-solid tumors from women in full condition, my practice was to let them lose ten or twelve ounces of blood from the pedicle before securing it. This prevented an undue blood-pressure and vascular disturbance. For long my practice had been to wait till the patient had suffered from her burden, and interference was necessary. Only once or twice has this rule been broken through, when some German or foreign friend wished to see the cautery used, and only some case of small tumor was at hand to show him. But then I generally had to regret it. Antiseptics will change all this.

What, then, have we gained by antiseptics in ovariotomy? 1. It has lessened the mortality. Take the results of the German surgeons. After the first trials even, the mortality fell at once from 50 per cent. to 20; thirty lives saved by the spray alone out of every hundred. When I add that my last forty-one have all recovered, enough has been said. No such successful series was ever got in the old way. Once Mr. Wells had twenty-seven successful operations in succession. But look at that wonderful list of eight hundred operations. How often did it happen that there was a run of deaths, too many and occuring too often to be merely accidental; frequently four or five in succession, once seven, then ten out of twelve, etc. With antiseptics there will be no *per contra*, and such a run of deaths will come no more. 2. This increased safety will encourage medical men to recommend earlier operation, which certainly few of them now do. That very large tumors and bad adhesion increase the mortality there can be no doubt. For the last seven years, no death happened to me in non-adherent tumors, and the deaths that occurred during that period were, with a single exception, in cases when the local difficulties prolonged the operation for two hours or more. Certainly early operation, when a cyst bursts and fluid is thrown out in a large quantity into the peritoneum, cannot be too strongly urged. 3. With antiseptic ovariotomy the drainage-tube will not be nearly so often required. I do not think that it can be altogether dispensed with. No one has practised drainage so much as I have, yet I know well that it cannot be used without risk. Some patients give simply serum from the irritation of the tube; in others, after a short time, the tube becomes enclosed in thick lymph, and it sometimes gets choked with this. In such circumstances, there must be a risk of some folds of intestine adhering at angles when the tube is removed. I have several times seen decided inconvenience arise from this, but never any fatal obstruction. With antiseptics the tube can be removed much earlier. Drainage is certainly a great trouble both to the patient and attendant. 4. Convalescence is rendered easier. 5. Antiseptics are a great comfort and relief to the operator. Speaking for myself, the difference is enormous; ovariotomy is not the operation it was fifteen or sixteen years ago, or even two years ago. The best results in the old way were difficult to get, and no one knows but who has experienced it the anxiety and weariness of spirit with which the struggle against the blood-poison was carried on in the early days of ovariotomy. It is something to think that no one will again have to suffer these experiences in the same degree, and it almost makes one envy the younger ovariotomists to whom the way in these days is made easy. Now there is a feeling of confidence and security; the constant fret and worry to get chemical cleanliness in one's hands, in the surroundings of the patient and her attendants has passed away. The time is saved that was spent in cleaning the sponges, in passing the points of instruments through the flame of the spirit-lamp, and in other endless precautions. Above all, there is the feeling that the patient is protected from external agencies. Now, with an 1-in-20 carbolic solution and a nail-brush, with perhaps first a wash in turpentine to remove all fatty matter, I am safe to have my hands in any degree of putridity half an hour before an operation. Professor Schroeder tells that he uses extraordinary precautions; that, on an operation-morning he gets up early and washes himself all over; that his assistants wash themselves, and that the patient is all washed; that neither he nor his assistants see any patients till the operation is over. Surely all these washings are unnecessary, and have come too late. Had these precautions been taken before the days of antiseptics, I can imagine that the results of the German surgery in ovariotomy would have been something better than a 50 per cent. mortality. I have recently successfully performed ovariotomy several times on poor women in their own homes, or in almost filthy lodgings, without any precaution whatever.

That drawbacks may yet appear is quite possible. What I should be afraid of is the effect of very long continued spray in severe cases in feeble women. I think I have noticed a great depression immediately following some of the very long operations, and a necessity for great stimulation during the first twelve or twenty hours. I confess I shall watch with some anxiety whether deaths in severe cases happen more quickly than they used to do.

One's pleasure in this operation is, however, greatly marred by the frequency with which malignant disease is found at the operation, or reappears soon after it, upsetting all one's calculations. In one-fourth of my deaths, the tumors were malignant; and, with very few exceptions, in those who have died since their return home after ovariotomy, some cancerous affection has been the cause of death. Thus, amongst these, five young and healthy-looking women have left me, all after severe operations the pictures of health and happiness, and have died within a short time of peritoneal cancer. This is a subject of the greatest interest. Till quite recently, our knowledge of the microscopic appearances of the diseased ovary was in a state of hopeless muddle. Dr. Foulis, by his investigations of the anatomy of the ovary, has at length made its pathology simple. Healthy and malignant ovarian structure, simple ovarian and peritoneal fluids, as well as those of the uterine fibro-cysts, can now be recognized with certainty by the microscope alone. We knew that, in certain cases where free fluid in the peritoneum is present with ovarian tumor, t her

is no use in operating; in others, that we cannot interfere a day too soon; and in some we can predict a return of abdominal disease after successful operation. These researches of Dr. Foulis are of utmost value, and I know well the time and labour that have been for several years spent upon them. I regret to have to add that, in his recent lectures at the College of Surgeons, Mr. Wells incorrectly gave the entire credit of these investigations to Mr. Thornton, who, to say the least of it, as ungenerously tried to claim it.

Not long after I began ovariotomy, one of the heads of the profession here—the best and most honest of men, an old teacher, and one whom I looked up to as a professional father—said to me: "Fellows like you should be simply handed over to Mr. Lothian." Now Mr. Lothian was the public prosecutor. By simple care, and by giving heed to the old surgical principles that my good master James Syme taught, I am now able to show you that the mortality of ovariotomy has with me got less and less every year since I began it, till in the year before antiseptics it had fallen to 5 per cent. Surely, then, if one's natural conservatism should have hindered anyone from adopting altogether a different procedure, such as the antiseptic principle involves, it should have prevented me. But there was no getting over the living blood-clot in the open wound of the broken leg. There was certainly disappointment at first, but only from my inability to carry out the principle, or from trying to carry it out in a wrong way. Now, the right way is got, and surgeons like Mr. Callender, or our own Mr. Spence, may take my word for it that, if they have reached already near perfection in their work, they will, by carrying out Lister's antiseptic principles, get still nearer it, and that, too, with greater comfort to their patients and with less anxiety and less trouble to themselves.

In his last edition on the *Diseases of Women*, Dr. West thus writes:—"I think, then, that we are now bound to admit ovariotomy as one of the legitimate operations in surgery; as holding out a prospect, and a daily brightening prospect, of escape from a painful and inevitable death, which at last, indeed, becomes welcome, only because the road that leads to it conducts the patient through such utter misery."

This long despised operation is now the safest of all the great surgical operations, at least judging from these results: twelve deaths of the last one hundred and fifty-six, three of the last seventy-five, and no death of the last forty-one operations.

I would fain expatiate for a little on antiseptics in general, but must bring this rambling paper to a close, feeling sure that, whatever may appear in the future of antiseptics in surgery the name of JOSEPH LISTER, who puts us on the right way, will not be forgotten.—*Brit. Med. Journal*, Oct. 19th, 1878.

HYSTERIA IN BOYS.—Dr. William Roberts contributes the history of several cases of hysteria in boys in the November number of *The Practitioner*. In prefacing these histories he mentions similar cases reported by other observers, but under different names; there being an unwillingness to apply the term hysteria to males.

The first case was that of a boy of thirteen. After some trifling ailment, he began to be hypochondriacal and low spirited. Eight months later he was attacked with a cough which soon changed into a true hysterical bark, and then into a kind of bleating noise. He kept this up nearly all day for several months; he then went through the exercise only at morning and night. The symptoms continued for about fifteen months, when the boy became perfectly well. The hysterical nature of this case was well marked. The mother had been hysterical when a girl, and the brother and sister were also affected for a short time. The disease in the latter persons took the same form of bleating, and was evidently brought on by unconscious mimicry.

The second case was that of a boy of eight or nine years. The hysterical symptoms in his case came on, as is not unusual, during convalescence from acute disease. The boy became suddenly subject to attacks of loud, passionate, tearless crying, with incoherent ravings of a most alarming and distressing character. These continued for a week; they then ceased for a week, to be resumed again, though with less severity. During the intervals between the paroxysms the boy seemed perfectly well. A removal from home surroundings and sympathy, with the daily use of the galvanic current, resulted in cure.

Case number three was an exquisite example of hysterical contracture. A healthy boy of eleven, while walking to church, began to limp. By the time he reached home his left foot was contracted inward in the position of extreme talipes varus. Under chloroform the spasm relaxed, but no force or mechanical appliance could keep it in proper position. There having been no injury, fever or pain, the case was diagnosed as hysteria, the boy was encouraged to get up and try to use his foot. This he did, and in twenty-four hours was quite well.

The fourth case was one somewhat simulating epilepsy. A healthy, well-grown boy became gradually subject to short convulsive attacks, affecting the whole body. They occurred early at night or towards morning; afterward they took place in the daytime also. He remembered nothing of the attacks himself. There was no frothing at the mouth, or biting of the tongue. The boy suffered in this way for nine months, and then gradually improved, until he became quite well.

These cases prove the existence of hysteria, of undoubted character in boys.—*Medical Record.*

PUNCTURE OF THE ABDOMEN.—The discussion on intestinal obstruction at the annual meeting of the British Medical Association in 1878, has already borne fruit in a very satisfactory manner. Not only have operative measures been more generally adopted, but the peritoneum is found to behave itself very much better nowadays than it used to of old, when it had a very bad reputation. Any injury of the peritoneum was to entail imminent danger, but now it is sponged out without provoking inflammation even. Mr. Jessop, of Leeds, enters an indignant protest against the application of the term "unjustifiable" to exploratory incissions of the abdomen in obscure cases. In cases that are in their nature necessarily fatal, he argues the operation cannot endanger life, and the operator has the satisfaction of knowing this. In other cases immediate relief can be furnished where nothing short of operative measures are of the slightest avail, as where a band of organized lymph encloses a coil of intestine; his experience at the post-mortem table telling him that several cases there met would not have come there had an exploratory incision been made and the cause of obstruction removed.

Dr. Jacobson, of Guy's Hospital, relates a case, which, however, terminated fatally ten days after operation; nevertheless he advocates the adoption of operative measures. He thinks that what betwixt recent great advances in the surgery of the abdomen and the progress of antiseptic surgery, operative measures for the relief of intestinal obstruction will become quite common, and will furnish most beneficial results in many cases. Even where it is not necessary to make an incision in the abdominal walls, operative measures, including liberties taken with the peritoneum, may be indicated. Thus, Dr. Broadbent relates a case where puncture of the small intestines gave great relief in case of an intestinal obstruction in an elderly lady. A shriveled ovarian cyst constitutes a tumor in the right inguinal region, which presses upon the bowel. In consequence of this she has several times suffered more or less severely from intestinal obstruction. At last an obstruction had persisted for three weeks in spite of opium and belladonna, and it was determined to puncture the intestines with a long aspirator needle. The aspirator was used at first, but was found unnecessary. An enormous amount of gas escaped, giving the patient great relief. Two days later, fæces and flatus began to pass naturally. A few months later a similar attack came on, and, after some days of unsuccessful medical treatment, at the patient's earnest request punctures were again resorted to with excellent results. The discharge of gas was followed by a copious evacuation during the subsequent night. A third time puncture alone could afford relief. Dr. Broadbent has used such puncture of the abdomen in several cases, and so far has not seen any injurious results follow therefrom. He, however, observes several precautions. (1) He lessens peristalic action by a full dose of opium, while no food is given for some time before the operation. (2) He selects a coil of intestine which contains gas only, and not liquid. (3) He pierces the coil exactly at its most convex part. The spot chosen for the puncture should be as nearly as possible over the centre of a coil which does not roll about, and, by preference, in the lines alba. (4) He exercises great care and patience during the escape of the gas. As the gas escapes from the coil selected for puncture, it will collapse under pressure from neighbouring coils, and the flow through the needle will cease. Very soon, however, the air in the intestine will distribute itself and enter the empty portion, when it will again escape. It is better not to put on a bandage. He concludes by suggesting that such puncture may often usefully precede other operative measures, as inflation, taxis, etc., when the gut is imprisoned. —*Medical Times.*

ECZEMA OF THE PALM.—The opinion advanced by Dr. Spender, of Bath, that all so-called cases of psoriasis palmaris are either modified forms of eczema rimosum or dermato-syphilis, has given rise to some discussion in the British journals Dr. Liveing fully agrees with this opinion, thinking that simple psoriasis so rarely attacks the palm or sole, that practically we may say those parts are exempt from it. Dr. McCall Anderson, while acknowledging that eczema of the palms often assumes an appearance resembling psoriasis, is unwilling to admit that these cases are all forms of eczema. Eruptions limited to these parts may be, in his opinion, eczema (especially eczema rimosum), syphilis, or psoriasis; the first being more frequent than the second, and the last the rarest of the three. Dr. Anderson thinks that the recovery of certain cases under treatment adapted to psoriasis and unsuitable to eczema, is strong proof of the existence of the former disease. Both he and Dr. Liveing call attention to the possible influence of the gouty and rheumatic diatheses over these palmar affections. The acute or subacute form, Dr. Liveing thinks, is best treated by the application of water-dressing, lead lotions, or linimentum calcis, according to circumstances; the gist of the treatment being never to allow the dressing to get dry. Pretty free purging is generally indicated. The ordinary chronic forms are well treated by the application of lead-ointment; but in all cases the hand should be rested, covered, washed little, and the ointment constantly applied. In those obstinate cases in which the skin is extremely hard, brittle, thick, and cracked, ointments produce no effect, and other means must be adopted to get rid of the outer cuticle, which entirely prevents any chance of cure. This

is best done by the constant application, night and day, of a lotion of liquor potassæ (from two to four drachms of liq. potass. to eight ounces of water is usually strong enough). The hand must be enveloped in rags kept constantly wet with the lotion, and covered with thin gutta-percha, or something of the kind. This treatment must be continued until the cuticle is thoroughly white and macerated, when it will peel and rub off readily. The process may require to be repeated until the epidermis is reduced to its natural thickness and is thoroughly soft; the skin may then be treated with ointments and glycerine in the usual way. Chronic eczema rimosum of the hand is one of the few forms of eczema in adults that is often benefitted by the internal use of arsenic.—*The British Medical Journal*, July 5, 1879. *Medical Record.*

Salicylic Acid and Borax in Ozæna.—Dr. Lennox Browne, London (*Brit. Med. Journal*), gives the following treatment of ozœna: Borax, 3 drachms; salicylic acid, 2 drachms; glycerine, 2½ ounces; water to 3 ounces. One or two drachms of this mixture to the half-pint of water, at 95°F., acted quite efficiently, whether used with anterior or post-nasal douche, or as a gargle; and this form has now been used by me for many months. It has the advantage over and above its antiseptic qualities of being not only non-irritating, nor obnoxious in taste, but on the contrary, of being even emollient, and of agreeable flavor.

The remedies of which I have been speaking are of especial value in the cases of ulceration, which, when occurring in the nostrils, is now by general agreement considered to be always due to syphilis. But there are many cases in which the ozæna arises from catarrhal inspissation, retention, and consequent putrefaction of the normal secretion. For such, a solution of chloride of ammonium and borax, about ten grains of each to the half-pint of warm water, acts admirably in clearing away the offensive accumulation, and in restoring the mucous membrane to healthy secretion.

In all cases of ozæna, of whatever kind, it is important to keep the passages as moist as possible, so as to prevent reincrustation between the periods of using the douche; and, for this purpose, the interior of the nostrils should be well anointed with vaseline, containing about five grains of iodoform to the ounce. It is further necessary in many cases to prescribe lozenges for the purpose of deodorizing the expired breath. The compressed lozenges of Wyeth, containing chlorate of potash, and chlorate of potash and borax, are now well known and approved by the profession; but it may not be generally known that Mr. Cooper, of Oxford street, has made some antiseptic effervescing lozenges containing thymol and salicylic acid, one-tenth of a grain of the active ingredient in each variety. Some of my patients who have tried them have reported most favorably on their utility.

"Ricord's Mixture" and "Tully's Powder."—We have been called on several times to give the formulas for the above named preparations, which are in common use with some practitioners. Ricord's mixture is used with great benefit in syphilitic affections. It is composed as follows:

℞. Hydrargyri iodidi rub., gr. iv;
Potassii iodidi, ℥j;
Fl. ext. sarsap. comp., ℥j;
Aquæ q. s. ad., ℥v. M.

Tully's Powder:

℞. Camphoræ;
Cretæ prep.;
Ext. glycerrhizæ, aa gr. xx;
Morphiæ sulph., gr. j;
M. f. pulv.

The minimum dose of the mixture is a teaspoonful three times a day. The dose of the powder is the same as that of Dover's powder.—*Pacific Med. and Surg. Journal.*

Physicians as Experts to be Paid.—In a trial in the Circuit Court of Indiana, Dr. Buckman was called as a witness, and his opinion was asked, as an expert, in respect to several matters involved in the litigation. He refused to answer the questions unless compensated for his opinion at professional rates. The Circuit Court held that he must answer. He persistently refused, and was adjudged guilty of contempt of court. He appealed from this ruling to the Supreme Court of that State, which court recently decided that the opinion of a physician and surgeon, given as an expert in a court of justice, was strictly a professional service, for which he was entitled to a reasonable fee before answering; and, also, that it was not a contempt to refuse, without compensation, to answer questions as such expert.—*Pacific Med. and Surg. Journal.*

Work and Play.—A recent writer has declared that there is no just discrimination between work and play except that of sentiment only. If life pursued its even tenor, there could be no question as to recreation after labor; the two would be identical. This, it is claimed, was true of that brilliant era of classic Greece, when man attained so nearly to the ideal, both of mind and body. In the occupation of the joyous Grecian there was no such thing as work or play, but only life.

Origin of the Red Corpuscles of the Blood.—Dr. Richard Norris, of Birmingham, England, claims to have discovered in the blood, in large numbers, colorless corpuscles rendered visible by certain manipulations, which are really chyle corpuscles, and which gradually obtain color and become ordinary red corpuscles.

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TORONTO, JANUARY 1, 1880.

THE PAST YEAR.

As the memorial plum pudding of this festive season is a conglomerate of articles from different quarters of the globe, so the circumspective review of novelties in the various branches of our profession that it has been our custom at the beginning of a new year to furnish our readers with, may be considered a web from the minds of English, American, French, German, Italian, Spanish and Portugese writers. To our readers we leave the task of separating the plums from the dough, or of determining the question whether it would not have been better to knead the whole over again. There is however one topic that we think our readers will generally agree with us to be a fair matter for comment, not however with any hope of the practice to be referred to, being discontinued, but that possibly by the medical press continually adverting to it, the prevailing spirit might be kept within moderate bounds. We allude to the introduction of new terms in every department of medical science. Without for a moment questioning the propriety of abandoning those which manifestly involve an error, there were many free from any objection of this kind, and it would have been safer to retain them than to adopt others founded on scientific discoveries, in some cases questionable, and liable like their predecessors to be reversed. Amid the multiplicity of matters which engross our attention it is very possible that confusion may arise, for we have the difficult task of unlearning that which it has cost us some pains to acquire, and of learning that which is liable to be indistinctly impressed on our minds, just as one sign painted over another is often imperfectly pourtrayed *e. g.* for pyæmia, we now frequently read septicæmia, ichoræmia, pyogenie fever, purulent diathesis. For the old fashioned term anæmia, we have now aglobulia, hypoglobulia, olygocythæmia, oligæmia hyperæmia, spanæmia, hydræmia; et si sic omnia.

In noticing from a great variety of sources the contributions to our art during the year that has past, we take up anatomy and physiology. Dr. Ogston in the Journal of Anatomy and Physiology confirms his previous statements, that the articular cartilages are of the same value as periosteum in forming new bone and in maintaining the structure and shape of the old bone. In investigating to what extent bone is formed by the articular cartilages, material assistance is afforded by the fact that bone produced by cartilage is marked by the trabeculæ of its mesh-work being placed at right angles to the bone surface, whilst periosteal bone is characterized by its main trabeculæ being parallel to the bone surface.

M. Bert, from experiments which he performed, has arrived at the conclusion that the blood never contains in the system a sufficient quantity of carbonic acid to saturate the salts, carbonates and phosphates which can absorb it, and that if this limit be reached death infallibly follows. Luchsinger, in his "contributions to the functions of the spinal cord," states it as his opinion that the spinal cord contains a series of centres which command the functions of all parts. These functional centres are put in action by sensory nerves (reflex action), and by the direct action of physiological stimuli (automatic activity). All recent facts, the author states, are in opposition to the grouping of a series of centres in the medulla. The demonstration of motor centres was partly shown when the reflex power of the spinal cord was recognized. To prove that it was automatic, Luchsinger applied a direct stimulus to the cord, more particularly to the cells of the anterior cornua. He found on experimenting with a cat, that the blood in dyspnœa caused local convulsions in the posterior portion, whilst general convulsions ensued after section of the cord in the dorsal region, or if the circulation in the carotid and cervical arteries was arrested; but if the circulation was stopped in the spinal cord, by tightening a ligature passed round the descending aorta the convulsions were localized to the posterior portion. It is therefore useless, in the opinion of the author, to speak of encephalic

convulsive centres. Dr. McKellar, in an article in the *Glasgow Medical Journal*, considers that although the proportion differs in different eyes, yet, in most cases, the fibres entering into the formation of the lamina cribrosa, from the choroid are in excess of those derived from the sclerotic, and that in some eyes the choroidal fibres are hardly supplemented by the selerotic at all. In every eye in which a great amount of accommodation is necessary to obtain clear vision, the choroid is of necessity pulled upon and strained by the action of the ciliary muscle, and if the lamina cribrosa be mainly formed by that tunic it follows, that the disc, the retina and its vessels are all exposed to serious disturbance. In this manner the author considers many cases of retinitis, abnormal condition of the vessels of the fundus and hyperæmia with subsequent anæmia and atrophy of the disc, are due, not to central changes or primary alterations in the tissues themselves, but to the effects of chloridal irritation. Dr. Bernhard Demant has had an opportunity of studying the secretion and action of the succus entericus in the human subject. This secretion is a thin clear fluid, with a strongly alkaline reaction. It contains no peptic ferment, and has no influence upon the various forms of proteid. Inulin is not converted by digesting with this juice into grape sugar. Fats containing free fatty acids are emulsified, but neutral fats remain unacted upon. Dr. Flint, in a paper on the source of muscular power, concludes that the true orign must be sought in the muscles themselves, and that the exercise of these muscles produces a waste which is measured by nitrogen excreted. That food is not directly converted into force in the living body, nor is it a source of muscular power except that it maintains the muscular system in a condition for work.

Very much more might be given on the progress of anatomy and physiology did our space permit, but as the busy practitioner has little time for speculative disquisitions we pass on to the field of medicine and therapeutics.

In the treatment of pruritus vulvæ, M. Duhring speaks favorably of camphor, chloral, borax, and tincture benzoin co.,—chloral in the strength of grs. x—xxx to ℥j of water. As an ointment camphora *et* chloralis aa ℥j., ungt. aq. rosæ ℥j. Mr. Byron Bramwell records ten cases of aneurism of the aorta, treated by iodide of potassium in half gramme doses thrice daily, in six of which considerable relief was afforded. In the same disease Dr. Carter reports a case where iodide of potassium having failed to relieve, ergot in three grain doses by hypodermic injection was given ; the patient was discharged greatly relieved. On re-admission some months afterwards, galvano-puncture was resorted to, the needles insulated to within half an inch of the point and as fine as possible, the operation lasting forty-five to fifty minutes. The result was favorable. Dr. Louvel Lamare treats the catarrhal stage of pertussis with tincture of bryony and the paroxysmal stage with tincture of drosera, one gramme daily for a child seven years old. Dr. Lockie, of the Cumberland Infirmary, calls attention to the benefit of arsenic in five minim doses in certain forms of anemia, where iron and liberal diet have failed to relieve. Dr. Teevan recommends in chronic cystitis an exclusively milk diet. Dr. Langlet of Rheims, publishes a case of albuminuria during pregnancy, treated successfully by jaborandi. The drug was exhibited continuously for sixteen days, at which time the œdema disappeared. At a meeting of the German Association at Cassell, Dr. Kunze recommended curare in the treatment of epilepsy, as superior to bromides,—commencing with the dose of a milligramme. Dr. Swan of Chicago recommends for whooping-cough a solution of quinine and tannin, four grammes of the former to one of the latter in water or syrup, the dose to be proportioned to the age of the child.

Dr. Workman in the CANADA LANCET, has translated from the *Revista Medica Quirurgica* of May 8th, a case of poisoning from two grammes of crystallized strychnine. A pint of olive oil was administered through an interval between the teeth. An enema of 500 grammes of brandy in a like quantity of water, with two grammes of laudanum was introduced, and the anus plugged. Four grammes of iodide of potassium and one gramme of iodine, dissolved in a litre of water were subsequently introduced into the stomach. The antagonistic properties of the brandy and laudanum, and the antidotal value of the iodinic solution proved effectual in rescuing the patient from death. Professor Hardy has returned to the old practice of giving large doses of tartar emetic. After vomiting his patient three or four times and purging him, he abandons the medicine. He

claims that under this treatment the temperature will sink considerably, and the pulse become less frequent, and brandy is then administered. M. Khastagi has successfully treated five cases of traumatic tetanus by the smoking of Indian hemp leaves. Dr. Haussman of Berlin recommends for the treatment of sore nipples, compresses soaked in a five per cent. solution of carbolic acid changed every two or three hours, the nipples to be washed before applying the infant.

Dr. Pownel records the successful treatment of a number of cases of diphtheria by salicylic acid in doses proportioned to age, alternately with tincture of perchloride of iron. In cases of eczema, Professor Kaposi recommends an ointment which he names, ung. vaselini plumbic, made by dissolving and incorporating thoroughly by the aid of heat, equal parts of lead plaster and vaseline to which a little oil of bergamot is added. Sir James Alderson calls attention to the injury which may be done to the internal coats of the stomach by the exhausting powers of the stomach pump, and recommends as a substitute, an india rubber tube with an opening near one extremety. This is to be filled with water or some other bland fluid, the other end of the tube which should be funnel-shaped held above the mouth. As soon as the tube is full, pressure is to be rapidly applied to the tube at its upper or outward opening, pinched quickly between the finger and thumb and then turned downwards when acting as a syphon, it will empty the stomach. Dr. Rokitansky has found, when cases of diphtheria have resisted the employment of salicylic acid, a 50 per cent. solution of chloral of use—the solution to be applied every half-hour with a camel's hair brush. M. Galezowski has demonstrated that dropping atropine solution in the eye may be attended with danger, and recommends the substitution of duboisin. To minimize the danger at the time of instillation, apply pressure over the punctum lachrymale. To prevent the nauseating effects of opium and its salts, Dr. Busey, combines with it the oxalate of cerium.. Citrate of caffein is also used, but with less efficacy. Nitrite of amyl has been used successfully as an antidote to chloroform. It acts by opening the arterial channels and thus admitting blood to the brain.

Dr. Stark has found great great benefit result from the use of hydrate of chloral in injections in cases of irritability of the stomach. The solution of chloral should be warmed to the temperature of the blood, and in smaller doses than by the mouth. Professor Rutherford of Edinburgh has recently recommended two new drugs for increasing the functional activity of the liver viz. *Euonymin* and *Iridin*, the former from Euonymus Atropurpureus, the latter from the Iris Versicolor. M. Bouchut considers that chloral may be administered to children with much less danger than to adults, and in proportionately larger doses Neumann has found boracic acid useful in pityriasis, herpes, pruritus, urticaria and eczema; formula, boracic acid one part, alcohol thirty parts, glycerine sufficient to disolve the acid, and clove oil a few drops, apply with a brush. Dr. Wyndham Cottle has treated successfully cases of elephantiasis Græcorum with chaulmoogra oil in doses of four minims increased gradually to forty twice daily. It is also given in India for scrofula, skin diseases, and leprosy. Dr. Wm. Anderson records the successful treatment of a case of acute desquamative nephritis by daily injections of a quarter of a grain of pilocarpin which produced profuse perspiration and salivation lasting half an hour.

M. Lapin gives an account of the trials that have been made in fifty cases of cold enemata as an antipyretic in fevers. After clysters at 10°. C. the temperature scarcely reaches its former height in the axilla for from 30 to forty minutes, in the hypogastrium after an hour, and in the rectum after an hour and a half. The clysters at 10°.C. are well borne leaving a pleasant sense of coolness extending over the whole body. Besides removing masses of fæces, they diminish meteorism, and thus remove a source of self poisoning by means of the contained gases. Fluid extract of coto bark is strongly recommended by English practitioners in the diarrhœa of phthisis and persistent diarrhœa of children. Dr. L. Peroud has employed hypodermic injections of arsenic in chorea since 1875. Four or five drops of pure Fowler's solution are injected into the cellular tissue by means of a hypodermic syringe every day or every second day; under the influence of these injections sixteen cases of chorea ended in recovery after an average of thirty two days treatment, and about eighteen hypodermic injections. Dr. Kelp has effected cures in obstinate cases of incontinence of urine, by the subcutaneous injection of nitrate

of strychnia; a single administration of a small dose in the neighbourhood of the sacrum is found to be sufficient to arrest the complaint. According to the observations of Dr. Teste, jaborandi is a most powerful and efficient remedy in mumps, by virtue of its hydragogue and sialagogue properties.

In the department of surgery, the antiseptic treatment of wounds and Listerism still hold a prominent place in the discussions of the various scientific bodies. Both at the British Medical Association, and at the International Congress at Amsterdam, great prominence was given to these questions. Lister's reception at the meeting of Congress by the prominent men of Europe, shows more forcibly than words can do, the hold his system of treatment has upon the minds of the great surgeons of the old world. Mr. Lister has been frequently reproached for not having published statistical results of his treatment. He has recently yielded so far as to give in the *British Medical Journal*, a record of all the cases of joint opening for a series of years, and the result shown is a marvellous triumph for antiseptic surgery.

In the domain of operative surgery, the most daring operation was that performed by M. Pean of Paris. He removed the pylorus, which was the seat of carcinoma, and stitched the severed end of the stomach to the duodenum. The patient lived five days after the operation. Considerable intererest was manifested at the medical Congress in the application of the Neitze-Leitner endoscope for the purpose of so illuminating the interior of the rectum, bladder or stomach, that the inner surfaces of these organs may be seen. It is, however, too expensive and cumbersome, and too limited in its scope ever to come into general use.

Attention has again been called to the occurence of fatty embolism of the lungs and various tissues of the body, after great traumatic lesions especially where injuries to the osseous system have been sustained, and to this cause in many cases has been attributed the sudden death, after severe wounds, formerly attributed to shock.

The operation of tracheotomy has been rendered bloodless by the use of the galvano-cautery, and Dr. Martin, of Boston, has made a new departure in this operation, in which he dispenses with the usual tubes which are a source of irritation and cause so much trouble in keeping them from becoming blocked up. He makes the incision in the usual way down to and through the trachea, a central stitch is then introduced into each edge of the wound through the tissues, including the trachea. This is loosely tied so as to form a loop, through which a long strip of adhesive plaster is passed, upon this very slight traction is made, the plaster being crossed at the back of the neck. Unless the traction is too strong the loops will not cut through for two or three weeks. The operation of gastrotomy still continues to attract the attention of surgeons. Two cases were operated upon in London—one by Mr. Langdon at St. Bartholomew's, and the other by Mr. McCarthy at the London Hospital, in both cases for malignant stricture of the œsophagus. The operations were, of course, unsuccessful, so far as cure was concerned, but they afforded considerable relief to the patient for the time being.

A somewhat unusual operation was performed by Mr. Bryant, of London, on a patient who was the subject of biliary calculi. An abscess had formed and discharged, leaving a sinus leading down to the gall-bladder. Mr. Bryant made an exploratory incision, and at the depth of two inches removed from the gall-bladder a biliary calculus one inch in length. The wound closed up in about a month and the patient left the hospital cured. Extirpation of the kidney has been performed by Dr. Martin of Vienna for "floating kidney." He has performed this operation in all five times, four of which were successful. An incision is made commencing two inches above the umbilicus and extending two inches below. The bowels are pushed aside and the kidney pressed up from the loins and seized with a vulsellum. The peritoneum is stripped off, and the ureter and vessels are transfixed and tied as a broad pedicle is secured in ovariotomy. The operation of paracentesis pericardii has been several times performed, and with such beneficial results and freedom from danger as to be looked upon as a justifiable operation whenever the surgeon can be pretty certain of the presence of fluid. A new anæsthetic, hydrobromic ether, has been introduced into practice during the past year and bids fair to rival all those in present use. It has been used in upwards of one hundred cases, not only without a fatal result, but also without any unfavorable symptoms. A few drachms upon a towel are usually sufficient to produce complete anæsthesia. Dr. Turnbull of Philadelphia

has adopted it in his practice, and speaks favorably of its use. It is rapid and transitory; there is no subsequent depression and usually no vomiting.

In the department of obstetrics and gynæcology the annalist must always feel himself on unstable, or periodically shifting ground, for what between the ephemeral popularity and duration of new theories and practice, and the resuscitation of old ones, he can never be free from the apprehension that before another revolution of the earth in its orbit, innovations which have been trumpeted into precocious fame as substantial reforms, or invaluable improvements, will be consigned to the limbo of the short-lived and early forgotten. Both midwifery and the diseases of women are storm-beaten coasts, perpetually exposed to the demolishing force of tidal waves, which succeed one another at intervals more or less approximating to periodicity, so that what is to-day dry land, may, in the course of a few lunations, have become eroded and submerged, and utterly lost to human vision. If all the theories, practical innovations, and implemental contrivances which have distinguished obstetric and gynæcological science and art, were now to be exhumed from the graves to which they were consigned at various ages,—what a motley and monstrous aggregation would be presented. The uterine speculum, regarded by so many as a modern invention, was well known to Greek gynæcologists twenty-three centuries ago, but we doubt if they understood its *profitable* employment half so well as do our experienced specialists of the present day. Scores of gynæcological processes, which to-day are held forth as proofs of the immense advancement of this branch of lucrative (or lunatic) practice, were well known to the ancients. We dare not say who invented, or first used, the midwifery forceps. If this instrument was unknown to Galen or Celsus, we must only say that they were very far in the background, as compared with the elder Ramsbotham, Dr. George Johnston of Dublin, or Dr. Maughs of St. Louis. These gentlemen have revised the code of obstetric ethics, and demonstrated, beyond all hope of redemption, the stupidity and hardness of heart of all their predecessors, whose timidity prevented early recourse to this potent rapidifier of fœtal delivery. Dr. Johnston has proved, to his own eminent satisfaction, that Clarke and Collins were but little better than lazy waiters on Providence, and like many other fast men, he has marshalled imposing statistics in support of his doctrine. But a very little boiling down of his figures suffices to shew their hollow plausibility. That an obstetrician who employs the forceps very frequently (which simply means, very often when instrumental aid is uncalled for), shall be able to show a larger percentage of success than one who has recourse to it only when it has become indispensable, we do not regard as very unconceivable; and that the forceps may be a very harmless instrument in the hands of an experienced and careful operator, we mean not to dispute; yet, in common with many obstetric practitioners who lingeringly hold on to the tenets of the old masters, by whom it was taught that "meddlesome midwifery is bad," we confess to a certain degree of old fogyism, and cannot help thinking that it is wiser to make haste slowly, than to contend against nature at race-horse speed. The man who has more regard to the time exigencies of his own too ample practice, than to the ultimate well-being of his patient, may sometimes (too often we fear), be tempted to economise the former at the expense of the latter; and those who have been taught by celebrated preceptors, that the acceleration of parturition by recourse to the forceps, is a process of little or no danger to the mother, may sometimes far outstrip the admonitions of their teachers. A case is reported in the London *Medical Record* for August last which may serve as an admonitory illustration of our views. A lady in whom the pelvis was slightly contracted, and who had suffered from hip-joint disease when a child, was in labor at full term. She was attended by two medical men, chloroform was administered, and the forceps applied; and first one and then the other made traction, until each in turn "became exhausted;" craniotomy then suggested itself, but before deciding, another desperate effort was made, when the accoucheur heard two distinct smothered snaps—fracture of the os pubis had taken place, and delivery was readily effected. The child only survived a few minutes. The mother recovered so as to be able to go about on crutches.

The subject of intra-uterine medication has received considerable attention during the past year. The result of the discussions that have taken place has shown that harsh intra-uterine medication was not free from danger, and that greater attention should be paid to the correction of the faulty posi-

tion of the uterus, when milder applications, such as iodine combined with iodide of potassium, or a solution of iodine in carbolic acid, would be found to yield equally satisfactory results.

Dr. Rosenthal endorses the treatment pursued by Dr. Copeman, in the arrest of vomiting in pregnancy by dilatation of the os uteri with the finger in the cervical canal. To prevent the occurrence of puerperal fever, Dr. Bischoff, of Basil, advises as soon as labour has begun, to wash out the vagina every five hours with a two per cent. solution of carbolic acid, the attendant also washing his hands in a three per cent solution. During convalescence frequent carbolized injections should be made into the vagina, and uterus, if necessary.

In the field of gynæcological surgery much has been done, and good results obtained. The remarkable successes of Mr. Keith, of Edinburgh, in operating upon upwards of seventy cases of ovarian disease, without a single death, is a wonderful triumph both for ovarian surgery and Listerism.

The operation for the removal of the uterus and ovaries in cases of Cæsarian section, has again been revived in Vienna, and has been attended with a fair measure of success. The advantages claimed for it over the old method of Cæsarian section are, that bleeding is entirely controlled, the danger of peritonitis is less than when uterine sutures are used, and the woman can never again become pregnant. Extirpation of the uterus for sarcoma, was recently successfully performed by Professor Schrœder of Berlin, and the patient recovered without an unfavourable symptom. He adopted a new plan in the treatment of the stump. After transfixing the cervix at the vaginal junction and tieing, he amputated the body of the uterus at the os internum. He then exsected the stump conically from the amputation surface downwards to the point of transfixion, and brought the thin edges together antero-posteriorly with fine carbolized silk sutures, thus leaving only serous surfaces in contact internally.

The bibliography of the past year has shown a large increase over preceding years. In fact it is becoming a question where all this is to end. Books are being issued from the press faster than they can be read and reviewed. Among the new books and new editions of old ones, we mention the following: — The Cell Doctrine, by Jas. Tyson, M.D.; Diseases of the Bladder and Urethra in Women by Alex. J. Skene, M.D.; Contributions to Operatic Surgery by J. Ewing Mears, M.D.; Localisation in Diseases of the Brain by J. M. Charcot; Clinical Diagnosis by Jas. Finlayson, M.D.; Elementary Quantitative Analysis by Alex. Classen; Manual of Physical Diagnosis by Francis Delafield, M.D.; Lectures on Physiology by J. T. Whittaker, M.D.; Notes on the Treatment of Skin Diseases by Robt. Liveing; Lectures on Bright's Disease of the Kidney by J. M. Charcot; A Manual of Bandaging by C. H. Leonard, M.D.; Atlas of Human Anatomy by R. J. Godlee, F.R.C.S.; Text-book of Physiology by J. Fulton, M.D., M.R.C.S.; Physiological Therapeutics by Thos. Poole, M.D.; Clinical Lectures on Diseases of Women, by Lombe Atthill, M.D.; Physics of the Infectious Diseases, by C. A. Logan, M.D.; Naval Hygiene by J. Wilson, M.D.; Health Primers by various authors; Modern Surgical Therapeutics by G. H. Napheys, M.D.; Atlas of Skin Diseases by L. A. Duhring, M.D.; National Dispensatory by Drs. Stille and Maisch, (two editions); Epitome of Skin Diseases by Tilbury Fox, M.D.; Principles and Practice of Gynecology by T. A. Emmett, M.D.; Outlines of Organic Chemistry by C. G. Wheeler, M.D.; Manual of Diseases of Children by E. Ellis, M.D.; Demonstrations of Anatomy by G. Viner Ellis, M.D.; Man's Moral Nature by R. M. Buck, M.D.; Elementary Anatomy, Physiology and Hygiene by E. Playter, M.D.; Diseases of Infants and Children, by J. L. Smith, M.D.; Spermatorrhœa, by Roberts Bartholow, M.D.; Principles and Practice of Surgery, by John Ashhurst, M.D.; Hygiene and Public Health, by A. H. Buck, M.D.; Manual of Operative Surgery, by Stephen Smith, M.D.; Manual of Midwifery for Midwives, &c., by F. Barnes, M.D.; Advantages and Accidents of Artificial Anæsthesia, by L. Turnbull, M.D.; Diseases of the Throat and Nasal Passage, by J. S. Cohen, M.D.; Photographic Illustrations of Skin Diseases, by J. H. Fox, M.D.; Diseases of the Alimentary Canal, by S. O. Habershon, M.D.; Quantitative and Qualitative Analysis of the Urine, by Drs. Neubauer and Vogel; Surgical Diagnosis, by A. L. Ranney, M.D.; Therapeutics and Materia Medica, by R. Farquharson, M.D.; Venereal Diseases, by F. J. Bumstead, M.D.; Principles and Practice of Midwifery, by M. Leishman, M.D., &c., &c.

Among the names of departed brethren during

the past year we find many prominent men, both at home and abroad, who have "paid the last debt of nature." Among those we may mention Dr. Murchison and Mr. Maunder of London; Prof. Piory of Paris; Tilbury Fox; M. Chassaignac; Prof. Biddle, G. B. Wood, and Isaac Hays of Philadelphia; M. Woodworth of Washington; Freeman J. Bumstead of New York, and H. J. Bigelow, M.D., of Boston; and among our Canadian brethren may be mentioned Drs. Campbell, Toronto; L. Langstaff, King; N. Matheson, Embro; J. B. Meilleur, Quebec; J. A. Desloges, Pembroke; J. P. Jackson, Berlin; Wm. Wade, Cobourg; J. A. Chambers, Greenbush; H. C. Fuller, Montreal; H. N. Curtis, Dunham, Que.; J. J. McKenzie, Dartmouth, N.S.; — Gaucher, Milton, Que.; G. E. Bomberry, Tuscarora; W. C. Hagerman, Lynedoch; J. B. Laing and E. L Hopkins, Hamilton; H. Mills, Wheatley; F. H. Braithwaite, Port Perry; J. H. Morden, Brockville; R. C. Fair, Orangeville; J. Clark, Westport; R. W. W. Carroll, Barkery, B.C.; J. Garvey, Ottawa; W. A. Doupe, Zurich; A. Moberley, Collingwood; D. J. Pollock, Scarboro'; R. Aberdein, Chippawa; W. W. Mines, Massawippi, Que.; S. Earle, Hampton, N.B., &c., &c.

We have given such a retrospect as our time and space will permit, and we fear anything further would only tire the patience of our readers. The most striking have been noticed, and it only remains for us to express our sincere thanks to our patrons for their liberal support. The increasing circulation of the LANCET both in the Dominion and abroad enables us to exclaim;—Quæ regio in terris nostri non plena laboris." We assure our friends that we shall endeavour to retain their good opinion, sparing no pains to keep on a level with the medical literature of this continent, and embracing in the foreign department all that is interesting in French, German, Spanish and Italian medicine.

TRINITY MEDICAL SCHOOL—ANNUAL DINNER.

The annual dinner of the Faculty and Students of Trinity Medical School, Toronto, was held in the Rossin House, on the 5th of December. The following gentlemen were among the invited guests. Mr. Justice Cameron, Mr. Goldwin Smith, Prof, Croft, Prof. Loudon, Mayor Beaty, Rev. W. S. Rainsford, Rev. John Langtry, Rev. Mr. Hogg, Mr. C. J. Campbell, Mr. Ince, Mr. Kirkland, Mr. J. S. Vankoughnet, Dr. Aikins, Dr. Clark, (asylum) Dr. McDonald, (Hamilton), Dr. Pyne, Dr. Canniff, Dr. O'Reilly (Hospital), Dr. Burns, Dr. Graham, Dr. Baldwin, &c. Mr. J. C. Black presided, and Messrs. W. F. Brett and J. C. Urquhart, filled the first and second vice-chairs respectively. The dinner was of the most sumptuous kind, and the orchestra of the Grand Opera House furnished some excellent music during the evening. After dinner the usual loyal toasts (drank in cold water) were duly honored. Dr. McDonald, of Hamilton, responded to the "Army and Navy." The secretary then read several letters of apology from prominent gentlemen who were unable to be present.

The "Dominion and Local Legislatures" was responded to by Dr. Clarke, though not an M.P. In his remarks he complained that by act of the British Parliament a duly registered British graduate could practice in any part of Her Majesty's Dominions. In this matter the Parliament of England undertook to legislate for Canada independent of the Canadian Parliament, which should not be the case. He hoped his hearers would endeavour to get this state of affairs changed, for in his opinion Canada should be allowed to legislate for herself and not be liable, in a matter affecting her local interests to find her own laws over-ridden by laws passed over the water. At all events, he thought Canadian medical men should be on an equal footing with their brethren at home.

The "Mayor and Corporation" was responded to by Mayor Beaty, who expressed a wish that next year the citizens of Toronto would elect a medical man to the civic board.

The "Learned Professions" was the next toast proposed. Mr. Goldwin Smith in responding said, although he was a votary of learning, he had never had a profession. He had learned a little law, but not enough to do him any harm, or to enable him to do any harm to his neighbours. There was only one way in which he could claim to be a professional man, and that was in the respect alluded to by the old sage who had left us the adage. that a man at forty is either a fool or his own physician. He supposed a man exceptionally gifted might be both. Not being exceptionally gifted, and having arrived at the age of forty, he hoped he was his own physician; not that he would "quack" him

self, for when his time came, he meant to go out of the world *secundum artem*, and by the hands of a learned professor. Quacks obtained a great deal of sympathy from the masses, who commonly regarded them as persecuted men of genius—and indeed they did frequently fall under the persecution of the police. People would do for a quack often what they would not do for the regular physician. They would obey a quack, in whose words they fancied there was some magic, when they would not obey a regular physician, in whose words they thought there was no magic. There was no body of men—and he made no exception—to whom the world owed greater gratitude than it did to physicians. There was no body of men from whom society received so much, and to whom it paid so little. He thought a man setting out in the medical profession must have almost the spirit of a missionary. He must set out for the purpose of doing good and not for reward. He was the slave who always worked. The lawyer had his vacation. Even the clergyman might leave his little flock for a time in the wilderness and take his holidays. But the medical man had no moment to call his own. He was at the common call at all hours, and he had often to deal with humanity in its most repellant states. But still he reaped a rich reward in doing boundless good, and had the regard of the sick man as his best friend in the very best sense. May the medical profession in Canada grow in honour and usefulness, in science and beneficence, and in the gratitude of mankind.

Mr. Justice Cameron, in replying on behalf of the legal profession, said he had always held the opinion that it was unfortunate that we had so many universities as we have, and that if we had a greater number of colleges and only one university it might be better for us. He pointed out that this country, though now robust and able to stand alone, had been nursed in its infancy by the Mother Country at great expense, and, therefore, when the Mother Country chose by its legislation to say that the rights of a man who had attained a certain position in education there, ought to be respected all over the world, we, as subjects of the land, ought to hesitate before we said that the Mother Country had been doing an injustice. If they thought a man's education in England was not sufficient, then they would be right in saying that he should not be registered here; but they should be able to say that we who claimed to be on a level in matters of medical education with Great Britain expected that if her sons came to practise here we should have reciprocity, and be allowed to practise there. (Applause.) Rev. Mr. Rainsford and Mr. Vankoughnet also responded.

The "Universities with which we are affiliated and Sister Institutions," was next on the programme. This was responded to by Rev. Mr. Langtry for Trinity University, Prof. Croft for Toronto University, Mr. Shaw for the University of Halifax, and Mr. Ferguson for University of Manitoba. Dr. Aikins responded for the "Sister Institutions." He said he agreed with what Mr. Justice Cameron had said regarding the universities, but not in regard to medical men coming from Great Britain to practice here without undergoing an examination. If all of them were men of high attainments he would not object, but such was not the case. He also suggested that the Government of Ontario should endow the Toronto General Hospital more liberally, and referring to sanitary matters he would recommend for adoption the employment of a couple of competent medical men to lecture to the people on sanitary matters.

The "College of Physicians and Surgeons, Ont." was responded to by Drs. McDonald and Pyne. The "General Hospital and Trustees," by Dr. O'Rielly and Mayor Beaty. "Trinity Medical School" was the next toast. The Dean, Prof. Geikie, in responding to this toast said that the school was never more prosperous or numerously attended than at present, and this was due to the students themselves and to the faculty of past years. The General Hospital, which was now in a better condition than at any previous period, had been a great aid to the school, and their thanks were due especially to Dr. O'Reilly and the trustees of the Hospital for many kindnesses. He commended the single portal system for entrance to the medical profession, as affording a better guarantee than any other of efficiency in the profession. Prof. Temple also alluded to the success of the school, and the general good conduct and earnestness of the students in their work. He felt sure they would be a credit to themselves and a benefit to the community in which they might reside. Prof. Fulton referred to the almost universal remark that we are turning out too many medical men, but maintained that so long as a high standard of professional attainments was insisted upon, no great danger was to be apprehended from over-production. The Western States and the great North-West opened up a wide field for our surplus medical population. He was much pleased with the remarks that fell from Mr. Justice Cameron in regard to the admission of duly registered British graduates to practice in Canada, and had no sympathy with the views of Drs. Clarke and Aikins in reference to this matter. Anything exclusive and bordering on trades-unionism, would be looked upon as exceedingly illiberal in a profession like ours. There was no danger of the country becoming flooded with British graduates. There have been but few names of British graduates added to the register since the passing of the objectionable Act in 1856, and we would not have heard a word about it, had not a few Canadian graduates, who subsequently qualified and registered in England, returned to Canada and claimed registration under the Act, without passing the examin-

ation of the Council. What is wanted is reciprocity in medical registration between Canada and the Mother Country, but that will not soon be brought about by the present policy of the Ontario Medical Council.

Prof. Kirkland was also called upon, and responded in suitable terms, and Prof. Kennedy favored them with a song. The toasts of the "Graduates and Undergraduates," "The Ladies," (responded to by Prof. Robertson,)and "The Press," were duly honored. Hopes were expressed that at these dinners the "Medical Press" would in future be specially represented.

MEDICAL PROTECTION.

In another column we publish a letter, signed "Protection," not because we endorse all the statements contained in it, but because we are desirous that both sides of the question may be discussed. We fail, however, to find any valid arguments against the course pursued by the President and Executive committee of the Council in reference to the stay of prosecution in the case of midwives. Although frequently at variance with the Council in regard to the doings of its members, we are fully prepared to endorse their action in this instance. The persistent and continuous prosecution of a parcel of ignorant old women, cannot fail to bring the profession and the Council into contempt—especially when, as one of our eastern correspondents says, there are "larger fish to catch." First, let the public prosecutor exterminate all the male bipeds of the *genus homo* practising without a license in the Province, and then, instead of sitting down to weep because his "occupation is gone," let him turn his attention to the "ancient" dames, if "the game be worth the candle."

There seems to be some misapprehension in the minds of some members of the profession in regard to the President's order. It only applies to women who are acting in the capacity of "midwives" in different parts of the Province; the public prosecutor has full power and continues to exercise it, in regard to so-called medical practitioners of the male persuasion

An Important Decision.—Dr. Mallory vs. The Ontario Medical Council—The plaintiff, Dr. Mallory, a Canadian graduate, who subsequently qualified and registered in England, applied to the Council of Ontario for registration. This was refused, and the Dr. issued a process in the Court of Queen's Bench calling upon the Council to show cause why he should not be registered. The case was heard before Chief Justice Hagarty, who recently gave his decision in favour of the plaintiff. The learned judge was pretty severe upon the Council, and warned that body not to attempt to extort a four hundred dollar registration fee from duly registered British graduates who desire to practice in Ontario. We are much pleased with this decision, as it bears out the views we have so often expressed in these columns, and we congratulate Dr. Mallory, and others similarly situated, upon the result.

Trinity College Convocation.—The following gentlemen received the degree of M.D. at the regular annual Convocation of this University on the 18th of December, 1879—W. Cornell, A. J. Geikie, C. O'Gorman, W. B. Duck, J. W. Sharpe, A. C. Graham, J. D. Anderson, R. H. Barkwell, and W. E. Winskell. Forty-one matriculants in medicine were also received, and their names entered on the register of the University.

The Chancellor in his address alluded to the department of medicine connected with the college, and stated that arrangements had been made during the past year with the Faculty of Trinity Medical School, by which great improvements had been made in their building, and increased facilities given for the work of those who so ably presided over that school, the success of which was attested by the increasing numbers sent up each year as candidates for the degrees. He also alluded to changes which had been made in the statutes, by which the graduates of the university would have a voice in its government, and that in future they would be entitled to vote for the election of a Chancellor, and also for eight members of the Senate.

Death from Chloroform.—A death from the inhalation of chloroform recently occurred in the General Hospital, St. John, N.B. The patient was about to be operated upon by Drs. Christie and White for caries of the bones of the foot. Dr. Crookshank administered the chloroform, having taken every precaution against accident. The chloroform was given drop by drop, and not more

than two drachms were administered when the face became pallid and breathing ceased. Every means was used to resuscitate the patient, but without avail. No blame was attached to the physicians in charge.

JOHNSTON'S FLUID BEEF. — This fluid Beef is essentially an extract of beef prepared on the most scientific principles, and containing all the elements of flesh food in a concentrated form. In its manufacture the albumen and fibrin, or rather the entire lean of beef, are by a special process desiccated and mechanically pulverized to such an extent as to be almost imperceptible in water. It is not only admirably adapted to the wants of the invalid, but is also useful as a ready-to-hand food, for the more robust and vigorous. The British Government gave a large order for this preparation of fluid beef, for use in the army during the recent Zulu war. We have no hesitation in recommending it as a most excellent nutriment for both invalids and convalescents.

MEDICAL ELECTIONS.—Dr. J. L. Bray, of Chatham, is a candidate for the representation of the Western and St. Clair Division in the Medical Council of Ontario. The Dr. is an advocate of increased territorial representation, and the appointment of a medical examining board from members of the profession outside the council. In his opinion there should be *two* representatives for each division, and he also thinks the fees charged to students should be lessened if possible. We hope to see the Dr. elected for this division.

JOURNALISTIC.—The *Medical News and Library* and the *Monthly Abstract*, have been consolidated into one monthly journal—*The Medical News and Abstract*. Dr. J. B. Hunter has resigned the editorship of the N. Y. *Medical Journal*, and has been succeeded by F. P. Foster of New York. A new bi-weekly Journal, *The Chicago Medical Gazette*, edited by Dr. E. C. Dudley, has recently been issued. It presents a very creditable appearance.

BRITISH QUALIFICATIONS.—The following gentlemen from Canada have satisfactorily passed the professional examination of the Royal College of Surgeons, Eng., and were admitted members of the college—Drs. C. R. McLean, J. C. C. Cleaver, J. B. Lawford, and W. H. Henderson.

The death of Freeman J. Bumstead, M.D., LL. D., of New York, is noticed in our exchanges.

Prof. Meigs, of Philadelphia, has also paid the last debt of nature quite recently.

ROGERS' GROUPS OF STATUARY. — The groups of statuary manufactured by Mr. Rodgers, Union Square, New York, are unique and universally admired. They are made of a clay-like material, and are unexcelled for life-like expression, and correctness of symmetery. The accompanying cut, "The Balcony," represents one of his latest productions, which for beauty of conception and artistic finish, stands unrivalled. The height of this group is 32 inches and width of base 15. The lady in the Balcony is holding her little boy who is dropping a piece of money into the hat of one of the street musicians below, while the girl with the tambourine is making the dog sit up and balance something on his nose. One of his groups would make a most suitable Christmas present, and a handsome ornament for a parlour, library, or office. Send for catalogue and price list.

Books and Pamphlets.

DISEASES OF WOMEN—By Lawson Tait, F.R.C.S., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon to the West Bromwich Hospital, etc., etc. Second edition revised and enlarged. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This is another of the valuable series of reprints of Wood's Library publications, which we have perused with very high satisfaction. The book is presented on unusually strong paper, and in very clear type, covering only 185 pages of the usual size of these publications. It is not saying too much in its commendation, when we venture the opinion, that it contains more solid instruction, conveyed in clear and decided terms, than any work of double its size on the same subject, which we have yet met with.

During the process of reading we had marked for presentation to our readers, as illustrations of the merits of the book, various passages which we considered indicative of superior ability, and advanced gynecological science, but we have ultimately found these so numerous, that without doing injustice to the author, we could not make discriminant selections. Nothing, however, will more command the approbation,—if indeed we might not say the *admiration* of the readers—than the candour and courage with which Dr. Tait confesses his own past errors and failures, which we are half tempted to designate as a new departure in the specialty of gynecology. If all the aspirants to fame in this branch of surgical art, were to publish full details of their fatal issues, and largely to curtail the records of their successes, they would confer on our profession, as well as on the vital interests of society, a most valuable service. A coast chart, studded with marks of wrecks, is safer to the navigator than one which displays no such admonitors of perilous waters; and we cannot but regard every medical writer, who faithfully and frankly details his own errors and misfortunes, as an eminent and most praiseworthy benefactor, alike to science and to humanity.

Though we have said that we dare not venture on "discriminant selections," we cannot resist the temptation of presenting the following most sagacious admonition on the subject of gynecological examinations with the aid of anæsthesia: "One condition of examination, however, should never be entered upon without the presence of a third person, and this is the use of an anæsthetic; for even in the minds of the purest women, there can be no doubt that delusions occur during the anæsthetic condition which retain strong hold of their waking moments. Any man, therefore, who administers an anæsthetic to a woman, *alone*, is like the priest who hears confessions in his study—he deserves any trouble he may get into, either for his folly or his crime."

This is very hard language, but it is both honest and wise, and it may be profitable to both the young and the old to bear it constantly in memory.

Here is another little excerpt which may be commended to careful consideration, for it is to be feared that it is even more called for in this country than in England.

"Armed with the caustic stick, the inexperienced practitioner is apt to think he can cope with all uterine maladies; and very numerous are the cases in which I have seen irretrievable mischief done by this potent remedy. I have seen a very simple chronic inflammation transformed into a serious acute form by the injudicious use of nitrate of silver; and over and over again I have had to reopen the uterine canal, when it had been occluded by repeated applications. It is constantly forgotten that solid nitrate of silver is an escharotic, and that every time it is applied a process of sloughing, followed by cicatricial contraction, is induced."

The book abounds in similar valuable admonitions, which will be regarded by the experienced as judicious and noteworthy, and should be well considered by all beginners.

A SYSTEM OF MIDWIFERY, by Wm. Leishman, M. D., Reg. Prof. of Midwifery, University of Glasgow. Third edition; revised; with 205 illustrations. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

We gladly welcome the new edition of this excellent text book of midwifery. The former editions have been most favorably received by the profession on both sides of the Atlantic. In the preparation of the present edition the author has made such alterations as the progress of obstetrical science seems to require, and we cannot but admire

the ability with which the task has been performed. We consider it an admirable text book for students during their attendance upon lectures and have great pleasure in recommending it. As an exponent of the midwifery of the present day it has no superior in the English language.

MEMORIAL ORATION IN HONOR OF E. MCDOWELL, the father of Ovariotomy. By S. D. Gross, M. D., L.L.D., &c. Philadelphia: Lindsay & Blakiston.

This work is in the author's happiest style, is well gotten up, and contains an engraving of McDowell and also of the monument erected to his memory in Danville, Ky.

TEXT BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., F.R.S., Cambridge. Third edition; revised. London: McMillan & Co. Toronto: Willing & Williamson.

It is only a short time since we reviewed the second edition, and we have little to add to the opinion we then expressed in reference to the scientific character of the work. In fact this is almost an objection to the work for general use. Few have either the time or opportunity to work out the experiments and problems which it contains. The author is aware of this fact, however, and has prepared a cheap "Students' Edition," which the publishers state will be ready in a short time. The principal changes in the present edition have reference to the physiology of muscle and nerve, which the author has made more easy for the general reader.

THE PHYSICIAN'S HAND-BOOK for 1880 by Drs. W. & A. D. Elmer. Price $1.75.

This is a most excellent visiting list. It contains a large amount of useful and instructive reading matter, comprising a new classification of diseases, list of poisons and antidotes, diagnostic record, &c., &c. The addition of so much matter has rendered the book somewhat bulky, which is to some, its only objection.

THE PHYSICIAN'S VISITING LIST FOR 1880,—29th year of publication—by Lindsay & Blakiston, Philadelphia.

The present edition has been improved by the addition of a posological table, metric system of weights and measures, &c. These visiting lists are indispensable to the physician; carried in the pocket they are always convenient for making entries of visits, advice, &c., which might otherwise be neglected, and thus save their price many times over in the course of a year.

APPOINTMENTS.—Dr. J. A. Grant, of Ottawa, has been appointed consulting physician to the General Catholic Hospital *vice* Dr. Hill, retired; and Dr. Prevost has been appointed a member of the acting staff. Dr. Hill on the occasion of his retirement was presented with a complimentary address by his confreres, and was subsequently appointed an honorary member of the consulting staff of the Hospital. He has been a member of the staff for almost a quarter of a century. Dr. Kannon, of Bishop's College, Montreal, has been appointed house surgeon to St. Peter's Hospital, Albany, N.Y. Hon. Dr. Paquet, of St. Cuthbert, Que., has been appointed Prof. of Hygiene in Victoria College Medical Faculty, Montreal. Thos. Walker, M.D., of St. John, N.B., has been appointed one of the visiting physicians of the General Hospital. Dr. Spencer, a Canadian graduate, has been appointed professor of chemistry in King's College, Halifax.

REMOVALS.—Dr. Hutchison, of Fordwich, has removed to Meaford; and Dr. McKelvy, of Ethel, has taken his place and practice.

CORONERS.—W. P. Buckley, M.D., of Prescott, Ont., has been appointed Associate Coroner for the united counties of Leeds and Grenville.

T. S. T. Smellie, M.D., of Prince Arthur's Landing, has been appointed Coroner for the district of Thunder Bay.

Deaths.

On the 28th of Nov., 1879, Arthur Moberley, M.D., of Collingwood, Ont. Lic. Med. Board 1864.

In Toronto, on the 26th Nov., 1879, Duncan J. Pollock, M.D., formerly of Scarboro', Ont.

On the 22nd of Dec., 1879, Robert Aberdein, L.R.C.S., Edin., of Chippawa, Ont., aged 71 years.

On the 6th of Oct., 1879, W. W. Mines, M.D., Massawippi, Que., aged 30 years.

On the 2nd Dec., 1879, Sylvester Earle, M.D., of Hampton, N.B., in the 89th year of his age.

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Original Communications.

FIBROID TUMORS OF THE UTERUS.—THEIR DIAGNOSIS AND TREATMENT.

BY F. CATTERMOLE, M.D., L.M.B., L.S.A.P., LONDON, O.

If the assertion of an eminent gynæcologist be correct, that twenty of every hundred women are subject to fibroid tumors of the uterus, or even should his estimate be overdrawn, it behooves the members of the healing art to search out a more prompt and radical method of treatment than has been hitherto generally adopted for the arrest and cure of this much too common and lingering malady. It may be urged that our text-books are sufficiently profuse on the subject, and give a large amount of practical treatment, and they certainly do so, as far as regards the advanced stages of the disease, but render little or no information as to remedial measures adapted to its early stages, or just when it is most vulnerable and amenable to safe and efficient treatment.

It is at least humiliating to contemplate the number of cases that drag on year after year, in which tumors attain an enormous size, that by timely and active treatment, might be destroyed during their early growth. The existence of this abnormal growth in the uterine parenchyma, (sometimes excepting the subperitoneal cavity), very soon developes a troublesome train of symptoms, quite sufficiently demonstrative of its presence, more especially if the hyperplasia be sub-mucous or interstitial, and nearer to the mucous membrane than to the peritoneum. Hemorrhage, in some form, is its most prominent symptom, usually commencing with excessive menstruation, followed by metrorrhagia, inter-periodic hemorrhage, leucorrhœa, and occasionally displacement of the womb, with irritability of the bladder and rectum.

Very generally, some or the greater number of these symptoms are developed long before the growth has attained large dimensions, and but too often do these symptoms become alone the sole objects of treatment, to the entire neglect of their *fons et origo, id est*, the still increasing overgrowth of unstriped muscular fibre, mixed up with connective tissue, which, notwithstanding its feeble vitality, manifests its existence by most unmistakable signs For the relief of this condition, palliatives, as a matter of necessity, are first employed, *via oris*, and in the form of injections, with the general effect of lessening the amount of the discharges, and perhaps staying them, for a time, but without additional and more potent local measures, they will recur again and again, to the disappointment and disgust of both doctor and patient. The former, I think, will hesitate no longer as to the necessity of a thorough examination, per speculum, sound, and double palpation, in order to obtain a perfect diagnosis, being well aware that there are other affections of the womb with symptoms more or less resembling those of fibroid, such, for instance, as corroding ulcer of the os and cervix, a granular condition of the mucous membrane of the uterine cavity, simple fungoid growths, and tubercle of the womb, also some uterine displacements. The cervix and inner os must be fully dilated with laminaria, even risking septicæmia, the great bug-bear of timid practitioners, and the mucous surface of the entire cavity well examined with the finger, and should abnormal growth be detected, the most appropriate treatment at once determined on.

If the overgrowth be inconsiderable, and of limited extent, it may be lightly scarified and swabbed with fuming nitric acid, and the vagina plugged lightly with cotton wool, for twenty-four hours. After this, the acid should be applied, through a glass tube, about every seventh or eighth day, until six or eight applications shall have been made. When the uterine canal is moderately patulous, the small glass tubes can be generally passed to the fundus without previous dilatation by tent.

Mild cases will generally succumb to the measures above stated. Should, however, the tumefaction have assumed larger dimensions, rather more formidable treatment will be required, and a week or ten days preparatory treatment may be deemed necessary—the patient observing the

recumbent position the greater part of the time. It may be as well not to inform the patient of the necessary future proceedings, or she may demur, and request her attendant to continue his medicines and injections, but if he values his professional reputation, he will not indulge in mere placebo treatment, or even too long in the use of the best palliatives, but as soon as his patient is in a fit condition, let the cervical canal and inner os be fully dilated with long and large laminaria. In some cases this procedure will require two days for its completion. I usually have the chloroform administered just before taking away the tents, and immediately on their withdrawal, hook long, slender vulsella or tenacula firmly into the lower part of the cervix, on either side, and carefully draw down the external os as near to the labia pudendi as possible. If this is done slowly and without jerking, it may be accomplished with safety, more especially if an assistant renders aid by moderate external pressure.

The finger may now be passed on the mucous surface as high as the fundus, thus measuring each bulging part, which should be incised and punctured with a long, slender, sharp-pointed knife, guarded, if necessary, with thin lint or rag. On withdrawing the knife, incise the inner os in two or three places, and divide the cervix on both sides. Allow the parts to bleed freely, if they will, provided the condition of the patient will bear it. As soon as the bleeding has sufficiently subsided, I swab the incised and punctured parts freely with fuming nitric acid, and also the divided edges of the cervix, plug the vagina with a tampon of cotton wool, and administer a full opiate. About seven days after this, I usually repeat the swabbing with acid, carefully passed through the glass canula, and continue the application for a period of two months, or longer if deemed necessary.

In a few cases, in which the tumefaction was not quite sensibly reduced, after three or four applications of the nitric acid, I substituted for it the acid nitrate of mercury—in almost every case with excellent effect—four to seven applications of the last named remedy are generally sufficient to reduce the abnormal enlargement. In some constitutions, salivation is quickly produced by the acid nitrate, therefore its action in every case must be watched. No accident of the sort has occurred in any of the cases in which I have used it. In some instances, rather more pain or greater uneasiness is experienced than results from the use of nitric acid, the womb bearing the latter better than any other effective escharotic.

The amount of success following the above plan of treatment of fibroid, in its early stages, I consider, fully warrants me in saying that if it be carefully and adroitly carried out, that success in the greater number of cases will be the result.

Some few practitioners of acknowledged ability have seemed to pin their faith on several internal remedies, among which are bichloride of mercury, bromide of potassium, chloride of calcium, biniodide of mercury, and ergot, the last being about the only medical remedy entitled to any consideration in the treatment of fibroid, and that more especially from its well-known influence on the uterine muscular fibre, its power of lessening the calibre of the arteries of the uterine parenchyma, thereby diminishing the nutritive supply to the abnormal growth. This remedy may possibly merit some of the praise so liberally heaped upon it by its eminent advocates. In the advanced forms of the disease, as an auxiliary it may be serviceable, in aiding the expulsion of the tumor, and even in its early stages, in checking hemorrhage, but on the whole it cannot be regarded as a reliable remedy for the dispersion of this malady, for whether administered per os or hypodermically, it has almost invariably to give place to the more efficient plan of local treatment.

Judging from a case reported by Dr. Byford, the free, hypodermic use of the drug is not altogether without risk, for in his case it caused necrosis of the tumor, the fragments of which were extruded. He also states that on two occasions peritonitis occurred from the violent contractions of the womb, one of which proved fatal. Similar results have been reported by other practitioners.

Before leaving this subject, may I ask your opinion as to the probability of extirpation of the ovaries ever becoming the accepted operation for the relief or cure of uterine fibroid, for this is *one* among the surgical remedies that have been employed for this purpose during the last five or six years. Dr. Goodall states that out of fifty-one operations, thirty-one have been done by the abdominal section, and twenty by the vaginal, attended in the latter by four deaths only, and in the former by eleven.

The proposition originated with Dr. Battey, some six years ago, and as Dr. Goodall observes, somewhat startled the medical profession. The object aimed at is that of lessening or stopping the periodic congestion of the womb, in fact establishing an artificial menopause, thus by cutting off the supply to, and causing decrease or dispersion of the fibroid growth. The doctor puts forth a plausible theory, but more time and experience will be required to test his method in practice. Some supporters of the doctor's views seem to think that it may be considered by many as an objectionable mutilation, causing barrenness, and unsexing the woman, yet they consider it quite justifiable in consequence of its being far more successful and less dangerous than enucleation, or even attempted enucleation, and not so great or so dangerous a mutilation as extirpation of the fibroid uterus. If this operation is ever regarded with favor by the profession, its early performance should be done in suitable cases, before the patient is worn out by exhausting hemorrhages and long suffering.

CASE OF OVARIOTOMY—RECOVERY.

BY L. HARVEY, M.D., WATFORD, ONT.

Mrs. G., aged 34, applied to me in the latter part of 1877, concerning an enlargement of the abdomen, which she had noticed since the birth of her last child, then two years old, and which she said had been gradually and steadily increasing.

After a careful examination I pronounced her trouble to be an enlarged ovary, and explained to her the probable result. I told her that after a time she could have the palliative operation (tapping), or the curative and more formidable operation of removing the sac. She declared she would die before she would consent to the latter. I saw her occasionally until September 1878, when, owing to the burden of the tumor she willingly consented to be tapped, but persistently refused the major operation. We tapped her with a large sized trocar, and removed 34 lbs. of a dark colored grumous fluid, after which she gained flesh rapidly for a time, but before three months she noticed that she was again increasing in size, and after this increased very fast. As soon as warm weather set in last spring, she found herself considerably burdened and lost flesh rapidly, so that by the middle of September she concluded something must again be done or she must soon die from exhaustion. By this time she had become so emaciated that she only weighed 128 lbs., her ordinary weight before the growth of the tumor being 135 lbs. About this date she again consulted with my partner in business, Dr Stanley, and myself, when we again gave her the choice of the operations, and told her candidly of the probable result. This time she chose ovariotomy, and we decided on the 1st of October as the day for the operation.

Having selected as assistants, besides Dr. Stanley my partner, Drs. Harvey and Newell, of Wyoming, all three of whom were formerly my students, knowing their reputation and ability as practical surgeons, which, by the way should always be taken into consideration by the surgeon, before commencing any major operation, as a great deal depends on the efficiency of the assistants at such times, we commenced the operation, using pure chloroform as the anæsthetic, Dr. Newell attending to it very carefully. As soon as she was profoundly under its influence I made an incision through the integument, extending it from the umbilicus to within 1½ inches of the pubes. I then carefully cut down to the peritoneum, made a small opening in that membrane and after introducing the groved director extended the opening to the same extent as the external cut. The tumor being thus exposed, we tapped it with a large trocar and canula, and after drawing off about 12 quarts of fluid, we tied a cord tightly around a section of the sac just below the trocar, the assistants having kept the sac well drawn up into the wound. This cord not only prevented any of the fluid escaping when the canula was withdrawn, but also gave us something by which the tumor could be conveniently raised as might be required. I then proceeded to break up the adhesions which I found to be very extensive all over the right hypochondriac region, and also some firm bands at the upper and on the left side. This having been accomplished we raised the tumor pretty well out of the abdomen and emptied the sac of the remaining portion of the fluid, then after carefully examining the pedicle as to length, size, &c., we concluded to treat it by ligature, and accordingly transfixed it with a needle armed with a double thread of carbolized whip cord; we then tied it on either side and cut off the pedicle, bringing out the long ends of the ligatures near the

lower end of the abdominal wound, where we also before closing the wound inserted a small sized bent glass tube, as a drainage tube. Before closing the wound we sponged out the peritoneal cavity carefully with carbolized water, one part to the hundred, and was glad to find the other ovary and other organs in a natural condition. The hemorrhage from the breaking up of the adhesions, although considerable was not copious. We closed the wound with long hare-lip pins, which we inserted pretty deeply so as to bring together a little of the surface of the peritoneum; these we put through one to every inch, with superficial stitches between. We then strapped the abdomen carefully with long adhesive straps, applied a flannel roller, and placed the patient on a comfortable straw mattress. The time from the commencement of the operation until she was placed in bed was just one hour. She soon rallied from the anæsthetic, and expressed herself as free from suffering except a tightness in the left side where the pedicle was ligated. On weighing the sac with its contents we found it to be 39¾ lbs. besides some of the fluid had been spilled, no doubt a couple of pounds, so that we took away fully one-third of her whole weight. The fluid was of the same thick, dark color, as when we tapped her a year previouly.

After treatment—When she had fully rallied from the effects of the chloroform we gave her 20 drops of tincture of opium in about two tablespoonsful of milk. In a short time she went to sleep and slept soundly for four or five hours. We concluded that one of us would remain with her for a few nights, so as to notice any change that might occur. Dr. Stanley remained the first night, I did so on the second, and so on alternately for ten nights, as we could not obtain a proper professional nurse. For the first two days after the operation we gave her from 10 to 30 drops of tincture of opium every four or five hours as the symptoms demanded, which was the only medicine she had during that time. For the first two days we gave no solid food, after that we gave some beef tea, milk, soda biscuit, rice, corn starch, &c., at regular intervals, and an egg beaten up with milk, to the amount of one every twenty-four hours. After the second day we gave her a mixture of sulphuric acid, quinia and tincture of opium, and when needed small doses of opium alone. After the tenth day we gave her tincture ferri mur., aromat. sulph. acid with half grain doses of quinine, three or four times daily. The patient so far was in good spirits, suffered very little pain, and was evidently doing well. On the fourth day after the operation I unloosed the bandage and examined the wound; it looked well, better than I could have expected. I took out all the superficial stitches and some of the pins. Union by first intention had evidently taken place in the greater part of the incision. We washed the wound with carbolic lotion 1 to 25, and, as before, applied a small pad of lint soaked in carbolic oil. By means of a Davidson's syringe applied to the glass tube every morning, we drew from the peritoneal cavity from half to an ounce of bloody serum, and broken down tissue. This we continued until the fifteenth or sixteenth day when the deep ligatures came away, after which there was no further occasion for it and we removed the tube entirely. The day after the tube was removed (the 17th after the operation) our patient sat up in the rocking chair for a time, and on the 20th day walked a short distance in the garden; and on the 1st November, just one month after the operation, prepared dinner for the family. At present she is attending to her ordinary household duties, and is gaining flesh rapidly.

I have purposely omitted giving the pulse and temperature until now, that I might give it in tablet form:

	Pulse.	Temperature.
1st (night of operation)	110	101
2nd	112	102
3rd	120	101½
4th	104	100¼
5th	96	99⅜
6th	106	100⅜
7th	100	100
8th	100	99½
9th	96	99
10th	100	99⅛

On the 15th day the temperature went up to 103 and remained at that for three days, but there was no other unfavorable symptom whatever, as the appetite remained good, no pain, slept well, &c. The only apparent reason we can give for the increase of temperature, was increased nutrition as her strength was rapidly gaining every day. We have thus reported this case more minutely than we would did we not consider it a very remarkable one, as we removed fully one-third of the whole

weight of body ; and in the hope too that our fellow practitioners may not despair in putting forth an effort to save life even under the most unfavorable circumstances.

LOCOMOTOR ATAXIA.*

(TRANSLATED FROM THE *Gazette des Hopitaux.*)
BY G. T. MCKEOUGH, M.B., M.R.C.S., ENG., ETC., CHATHAM, ONT.

I have had this patient brought into the amphitheatre, in order that we may study together the principal phenomena which he presents ; explained in this manner, they will be more deeply impressed on your minds. But I ought first to relate to you the history of the case.

He is a man thirty-eight years old, a sculptor, formerly a soldier, and while serving as such, he underwent successive fatigues during the seige of Paris. In 1871 he contracted syphilis, which affection produced its ordinary evolution, viz., after the chancre the secondary eruption, etc. His health afterwards was very satisfactory until the year 1876. At this period, without any known cause, appeared some peculiar phenomena relative to his sight ; the man could not see well ; he could distinguish the top of objects, but could not see parts situated towards the base ; he could not see the earth. At the same time he thought he saw objects dancing about, as if he was drunk. These troubles of vision lasted a fortnight and then disappeared. Some months later, in November 1876, the patient was seized with persistent pains in the calves of his legs, but these pains were not "shooting" in character ; they were more the sensation of a violent burning, "as if he had had thrust a red hot fire brand into the calves of his legs." These symptoms lasted only a few days, then, once again, all abnormalities disappeared. Nothing abnormal with respect to his head or stomach.

It was in the month of January, 1877, that the patient first perceived that he staggered, and had difficulty in walking straight. His muscular force was not diminished, but, when taking long walks he felt that he was less master of the movements of co-ordination of his legs.

These phenomena soon became more accentuated ; his walking became more distressing, his calves, thighs and limbs were traversed by true fulgurating pains. His gait became more and more difficult during the winter of 1877 ; his strength diminished sensibly, but the patient had not yet perceived the sensation of "down" under the soles of his feet in walking. Constricting pains around the chest, in the region of the sternum, appeared now, the helplessness of his limbs augmented, standing upright became difficult. Then a remarkable phenomenon manifested itself ; the man was in company with some friends, when they remarked to him that his left eyelid had fallen, covering the eye more than on his right side ; some days after he noticed besides, that his left eye squinted, and that he saw double. These phenomena were but transitory, and after a few months, scarcely a trace of them remained.

But while the symptoms affecting the eyes disappeared, those affecting the limbs were accelerated, and especially the lower extremities, where the helplessness, and the incoordination in walking became so pronounced, that the diagnosis of locomotor ataxia was no longer doubtful.

Some special phenomena appear yet to complete the clinical picture of this affection ; troubles of micturition, difficulty in urinating, paralysis of the bladder, necessitating the use of the catheter. Sharp pains in the stomach declare themselves, and persist a long time.

After having given the pathological history of this man, let us now examine his present state. I will interrogate him before you, and you will see his manner of keeping himself upon his feet ; he says that he staggers, that he feels "as if he was on springs, on something that was pushing him upwards." Standing in the erect posture is difficult. In order to progress forward, you see he is obliged to support himself, that he projects his legs to the right and to the left, and that he "heels it," as they say. When he walks, it appears to him that he is walking on thick carpet. Some patients believe even that they walk on sponges. If we make him close his eyes, he can no longer stand upright ; he falls immediately he is deprived of the aid of sight. Sensibility is, however, not abolished, but he has himself remarked to us that there is a retardation in his tactile sensibilities, and that when he knocks his foot, it is some time

*Under the care of M. Hardy, M.D., Physician to the Hopital de la Charité.

before he perceives it. You can also ascertain, that notwithstanding the apparent feebleness of his muscles, it is absolutely impossible either to flex or extend his leg. He supports likewise, a heavy burden; the weight of a man mounted on his shoulders does not make him flinch. His weakness is then only apparent, there is something which hinders him from making use of the muscular force still intact. As to his upper extremities, there are no marked disorders; he perceives, however, that he does not draw well, and that his writing is a little shaky; there exists a slight trembling of the hands.

But there is another phenomenon rather singular, which ought for a moment to arrest our attention, that is, a considerable diminution in the size of his left forearm, the circumference being about a centimetre (about one-third of an inch), less than the right forearm. You observe also that the left hand is thinner than the right, that the thumb approaches nearer the index finger, and that he cannot extend it beyond a very feeble acute angle, whilst that of the right hand can make, with the index finger, a right angle. This is owing to the disappearance of the muscles of the ball of the thumb ("thenar" eminence). There is muscular atrophy on that side; it is that which hinders the movements of the thumb, diminishing its amplitude, and interfering with its movements in opposition to the other fingers (monkey's hand). Notice, however, the exaggerated contraction of the pupils and the remains of divergent strabismus.

Sensibility is preserved in his limbs, and in his hands. The state of his general health is very good; as regards his genital functions, "he believes he could still perform them."

All these facts being disclosed, it remains for us to give a name to this collection of divers phenomena. A diagnosis is here required: it is progressive locomotor ataxia, characterized, as you know, by sclerosis of the posterior columns of the spinal cord. We have all the precursory details, and all the most characteristic symptoms. Remark how insidious is the onset, and how it deviates at first from the signs of an affection of the cord. The primitive symptoms, disturbance of vision, of hearing, etc., are only transitory, but they barely disappear, when there appear more evident signs, defects of the equilibrium, transitory fulgurating pains, the peculiar projection of the feet, of the heel, retardation in the perception of sensations. There is, however, no marked disturbance of sensibility; it must not be believed that all ataxics present anæsthesia, and it is wrong to attribute the incoordination of the movements in walking to disturbance of sensibility.

The visceral phenomena have been very marked in our patient; the stomach, the bladder (cystitis of the neck and muscular paralysis) have presented special characters, in accord with the fulgurating pains in the limbs. But it is the muscular atrophy of the left upper extremity which is the most remarkable feature in this case. It is not true progressive muscular atrophy; that which we observe is confined to a group of muscles, especially to the ball of the thumb—muscles of the thenar eminence,—it does not spread; it is confined simply to a small sclerosed centre of the posterior cells of the cord, towards some of the motor cells of the anterior cornu; although this phenomenon is rare, it is not unknown in locomotor ataxia.

What shall I say of the prognosis? It is sad to admit, but it is very grave, the disease always progresses from bad to worse. If some of the collateral phenomena at the beginning have been transitory, see how progressive are the constituent features of the disease. The gait becomes more and more difficult, next the impossibility of drawing, writing, etc. But the duration of the disease is long, and its progress slow. You have seen in our service an ataxic man, lying in No. 12 bed, St. Charles Ward, during the past eighteen months, who is absolutely unable to move any more, who has become completely powerless, speaking with difficulty, reduced, in a word, to the state of a piece of furniture, inert and blind, although his intelligence is relatively preserved, and he has still some memory.

As regards therapeutics, alas! we have no means whatever of curing or arresting this affection. We can only alleviate the symptoms. The external remedies, which are the most efficacious, are the cutaneous revulsives along the tract of the vertebral column, such as dry cupping, blistering, the actual cautery, and sulphur baths every other day. Internally, benefit is obtained from the use of iodide of potassium, which acts by absorbing the connective tissues in a state of proliferation. It is the best remedial agent we have; it does not cure

but it relieves, and retards the progress of the disease. Nitrate of silver in doses of 1-5th of a grain per day, has an action somewhat similar to that of iodide of potassium. It is best to employ them alternately, each for a fortnight or three weeks. We owe to them a sort of half success. The painful symptoms occupy a large place in the treatment of this affection. We relieve them by hypodermic injections, by chloral and applications of chloroform. We should endeavour, finally, to combat, as much as possible the long and cruel sleeplessness which affects patients suffering from this disease so much, and who as I have told you, having preserved their intelligence, are all the more impressed by their sad situation.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—On reading, in your last issue, your notices of the matter of "Mallory against the Medical Council of Ontario," and of the "Trinity Medical School annual dinner," I observed that the opportunities seemed to be thought favourable for writing some hard things about the Council.

I may say first that I quite agree with you, that any thing bordering on trades-unionism is not to be tolerated in our profession, yet it occurred to me, that our college was receiving more than its fair share of buffets for its supposed leaning towards trades-unionism, both from the bench and press; both Judge Hagerty and the *Lancet* seeming to speak of the institution with undue severity.

In your report of the "important decision," we are told that the learned judge was severe on the medical Council for the extortion of a large fee from British graduates who desire to practice in Ontario, "and warned that body not to attempt it." And yet it might be known that "the body" is not alone in the attempt, but that something of the same nature with the course condemned by his lordship is done at Osgoode Hall, in the instances of lawyers from Great Britain seeking admission into the ranks of their brethren in Ontario; and so far as has been heard, no judge, however learned, has ever reflected upon the authorities of Osgoode Hall, because of their regulations, or has warned them of the impropriety or extortion of their proceedings"; nor do we know that the *Law Journal* has ever put them under the harrows on that account.

You take care to tell us that you are "much pleased with the decision, and you congratulate Dr. Mallory." Of course it is good to rejoice with those who rejoice, but on the other hand, even in the midst of our satisfaction at a victory, is it not right to reflect upon the galling inequality which may result from the triumph which we celebrate?

It is difficult to see the justice of forcing Ontario graduates to undergo a painful ordeal, resulting in grief to very many, while men who come, or go, across the sea are enabled to avoid it, and it seems unwise in this way to procure the existence amongst us of two classes of physicians, the one consisting of natives of the country, who are visited with prosecutions and fines if they pursue their profession without having passed the examinations of the College of Physicians and Surgeons, and paid its fees, the other of a preferred class from Great Britain, who have an Imperial immunity from prosecutions, fines, examinations, and fees, who too have obtained the immunity simply at the cost of graduation, or it may be, of that of a very indifferent diploma. It is likely that now Ontario men may come to see that there is really "discrimination," and certainly not in their favour; also that the contrast between the positions of the two classes of medical men will be productive of mutual repulsion, and among the native physicians, of no small lack of contentment with the conditions which allow so great unfairness.

You seem to lay all the blame of the absence of reciprocity with Great Britain, on the Ontario Medical Council. In this, I am persuaded, you do the Council injustice. There has always been on its part a desire to obtain agreement with that of Great Britain, but there has always been the endeavour to obtain it on equal terms, and surely that cannot be found fault with. The medical profession in Great Britain has never been willing to grant equal terms, partly because there is a disposition to underrate every thing Colonial, especially if it is Canadian, and partly because of the composite nature of our Council. It is, without doubt, to be desired, that we could come to terms with the brethren across the Atlantic; but I cannot agree with Mr. Justice Cameron's recommendation, that we should concede to them whatever they require of us. We should not thus present ourselves, to

the rest of the medical world, shorn of self-respect. I hope that at present the Council will not be pressed into any negotiations having reciprocity as their goal. It is of moment that we first recover our position, with respect to our Provincial affairs. This position has been disturbed by legislation exclusively English, just one year and no more, after it had been made secure to us, as was thought by all, by the passing of the Canadian Confederation Act by the Imperial Parliament.

Yours truly, J. D. MACDONALD.
Pres. Ont. Med. Council.

Hamilton, Ont., Jan. 14th, 1880.

To the Editor of the CANADA LANCET.

SIR,—An order having been given by the President of the Medical Council of Ontario, to the appointed prosecutor, to stop proceedings against females calling themselves mid-wives, and practising as such for hire, the London Medical Association, after discussing the matter, authorized me, as Secretary, to ask the President for an explanation. The following is the gist of the President's reply :—

"The unanimous opinion of the Committee was that the prosecutions were indiscreet, and tended much to bring public indignation upon the college. I may say too, that the members of the Committee, who are men of no short experience in Canadian medical practice, did not take that view of the dangers which may be expected to arise from the occupation of a mid-wife, which is so strongly marked in your communication, but mid-wives were spoken of as a useful and harmless class of persons, whom it was unjust, and for us, most unwise to molest. I trust that the Medical Society of London will see, on consideration, that if we engage in these prosecutions, we cannot stop at mid-wives, but must proceed against every kindly woman who assists a neighbour in distress, or which is the same thing, take the responsibility of every prosecution which any party, well or ill-meaning, may undertake against them, and that seems a very odious position for the College of Physicians and Surgeons of Ontario to occupy, and will hardly redound to the credit of its members."

I also wrote to Dr. Hyde, representative of this division, asking his opinion, which is as follows :—

"In reply, I beg to state that in my opinion, such an important matter should have been submitted to the Council, and received the approval thereof, before being promulgated. If my recollections are not at fault, there were no exceptions made on behalf of mid-wives or any other unlicensed practitioners, at any time, by the Council. The instructions to the prosecutor were general and free from all restrictions as far as the Council is concerned. I cannot agree with the President where he states in his letter to you, that mid-wives are useful and harmless. I am also convinced that it is a prominent duty of the Council to protect the public as well as the profession, against incompetent persons from practising any branch of medicine, notwithstanding the assertions of some."

Now sir, I would ask to whom is the profession to look for the faithful carrying out of the Medical Act. It appears, from the tenor of the President's explanation, that his idea of the duty of the Council is simply and solely to appoint a board of examiners to prove the competency of students to practice the different branches of the profession ; this done, its duty ceases.

It cannot be denied, but that the act, so far as it goes, is a good one, and that the profession has been materially benefited by it, but it is unfair for the Council to place the responsibility of prosecuting unregistered practitioners and quacks, upon individual members of the profession. Each registered practitioner is assessed yearly, and the student has to pay a large fee to the Council for his license, while unregistered practitioners and illiterate quacks are allowed to practice on every side unmolested ; yet the President of this august body countenances these very quacks that it is his duty to frown upon and put down, and calls them *useful* and *harmless* people, that the interference of the executive only brings down upon their devoted heads public indignation. How would the public feel, if when these *useful* and *harmless* women get into difficulty, (as is very frequently the case), the medical man called in to relieve them and shoulder the responsibility of the case, would say : "This woman is your choice, let her get through with the case," there would then be the cry of inhuman wretch, or some such kindly words. There have occurred recently three cases, mentioned at our Association meetings, which clearly shew the danger to the life of the unfortunate

patient placed in the hands of these *useful* and *harmless* women.

The first case was one where a so-called midwife was in attendance for about 18 hours, when some kind friend happened to drop in, and saw that the woman's strength was failing, and insisted upon a medical practitioner being called in. He found a face presentation, with prolapse of the funis, the woman very much exhausted. He sent for a second accoucheur, and perforation was necessary, but too late, the woman died from septicæmia. The second was a case where one of these women was in attendance for over 20 hours; a doctor was at last sent for, and found a shoulder presentation. He tried to turn, but could not; called in a second, and evisceration had to be resorted to; there was rupture of the uterus, and the woman died. The third was a case of hydrocephalus; a woman had been in attendance for two days and nights; perforation of the head of the child saved the woman's life. I don't mean to say that any or all of these cases might not have terminated as they did, if a regular accoucheur had been present from the first, but I do say that in all human probability the lives of these two women would have been saved, because in the first case, so soon as the practitioner saw that the patient was becoming exhausted, he would have delivered; and in the second, if the doctor had been in attendance sooner, turning would have been practicable and rupture prevented.

If this is the line of conduct marked out by the present Council, the sooner we make a change, the better for the public and the profession. I have here given the views of the London Association, and I am sure that all other like bodies will endorse it.

Yours truly, S. Payne,
Sec. London Med. Ass.

Selected Articles.

THE TREATMENT OF TYPHOID FEVER IN THE PHILADEDPHIA HOSPITALS.

The remedies which have been found at the University Hospital to exert the most powerful influence upon the follicular intestinal catarrh, always present in this disease, are first and foremost the nitrate of silver, and next the subnitrate of bismuth and carbolic acid. There would seem to be abundant evidence that nitrate of silver reduces the size of the enlarged follicles, relieves the inflammatory engorgement, and allays the hyperæsthesia of the nerves. It has also been settled by numerous experiments that the nitrate of silver is the most easily administered of the three astringents above mentioned, and the best tolerated by the system. If there is any putrid element in the disease, carbolic acid is employed instead of the nitrate of silver. The nitrate of silver is administered in doses of one-fourth of a grain four times a day. This treatment is persevered in until the ulcers have entirely healed.

If the discharge from the bowels is composed of small, semi-solid stools, it is, with propriety, disregarded; but if the stools are watery and large, opium is administered in pill-form, combined with the nitrate of silver. From one-quarter to one grain of the powdered opium is given three times a day. If there is constipation instead of diarrhœa, belladonna is given conjointly with the nitrate of silver.

Great care is had with regard to the diet when the catarrhal inflammation of the intestines is present. The food employed is, of course, as digestible as possible. Milk has been found to be the best diet in this disease. If the curd appears in the stools, the milk is diluted with water, or lime-water. Of this mixture of milk and lime-water three ounces are given every two hours, or a little over two pints in the course of twenty-four hours. When the bowels are torpid, beef or mutton broth is given alternately with the milk.

The beef-tea employed is prepared after the following receipe; Take a quantity of tender meat, and, after cutting off the fat, chop it up fine, put it in a bowl, pour a pint of water over it, and let it stand over night. The water should be kept just on a simmer—the temperature never being allowed to go above 140°, otherwise all the albumen is coagulated, and so either left on the sieve in straining, or introduced into the stomach in the form of curds. After this simmering solution has been allowed to stand over night, pour it into the pinkin, and heat it again gently with enough salt to give it flavor, and, if necessary, add a drop or two of muriatic acid. Then pour it out over a hair-sieve into a jar. The resulting solution will be found to contain all the nutriment possible, and to be the most valuable kind of stimulant and laxative.

When the fever is high, the patient is given all the food he can take. Care is had, however, that, in allowing food, the already inflamed intestinal tract is not further irritated.

The poison in the blood is controlled by means of quinia, and nitro-muriatic or salicylic acid. As a general thing, salicylic acid is only employed where there is some putrid discharge joined with high fever. Quinia is considered (1) to neutralize

the effects of the septic poison in the blood, (2) to act as a good tonic to the muscular and nervous systems, (3) to tend to check febrile action, and (4) to remove any malarial element that happens to be present. Quinia is never given in the enormous doses advised by the German physicians. It has been found that such doses will break down high fever, but they produce entirely unnecessary irritation of the gastric mucous membrane. About twelve grains of quinia are given in the course of the twenty-four hours.

The temperature is kept down by preventive measures rather than by the cold bath, which is regarded as a last resort. It is unnecessary after this to say that the practice of the University Hospital is wholly opposed to the indiscriminate cold bathing in typhoid fever, so much in vogue in Germany within a year past.

When the temperature runs up in spite of drugs, —in the milder cases, spongings of the whole body are practised every two hours, the sponges being squeezed out of a mixture of water and bay rum at a temperature of from 60° to 80°. If this does not succeed (it rarely fails), and if the patient's temperature mounts up to 104° or 105°, he is then wrapped up in sheets wrung out of cold water. If the temperature still runs up to such an extent that life is threatened, the patient is placed in a cool bath until the bodily temperature is sufficiently reduced.

Before the local lesions appear, the fever can be more boldly attacked; but when, in subsequent stages, it runs high, it is regarded as partaking of the nature of a sympathetic fever, largely depenent upon the amount of intestinal lesion, and the use of baths at this period is thought to be attended with great risk. If the cold bath is used at all (except as a last resort, and when temperature cannot be reduced in any other way), it is employed during the first ten days in cases where the temperature rises above 103° and cannot be controlled by frequent spongings, large doses of quinia, diaphoretics, etc.

With regard to the use of stimulants, the hospital practice is not in favor of administering them simply because a patient has the fever. It is believed that stimulants are only demanded for the relief of certain symptoms. As a general thing, they are not given to children before the age of puberty. They are only administered to old persons, and to meet certain indications, viz., (1) ataxic nervous disturbances, such as sleeplessness, twitchings of the muscles, maniacal delirium: (2) circulatory disturbances, such as feeble and rapid pulse, and feeble development of the first sound of the heart; (3) profound asthenia, as shown by great tremulousness, inability to make any movement, and tendency to slide down off the pillow; (4) dry and brown tongue, with sordes on lips, teeth, and tongue.

The milder forms of stimulus are always used at first. The one most frequently employed is wine-whey. This is made in the proportion of one part of sherry to three of milk, and as much as a gill or half a pint of it is given in the course of three hours. If the symptoms increase, stronger stimulants are used, such as whiskey. Whiskey is usually given in lime-water and milk; the lime-water prevents the coagulation of the milk by the alcohol. These ingredients are mixed in the proportion of one tablespoonful each of whiskey and lime-water to every three ounces of milk. In this form half an ounce of whiskey is given every hour. If the stimulation is doing good, a diminution of the serious symptoms is noted. If the symptoms increase, on the other hand, the amount of stimulus is reduced.

With regard to complications: relapses are always regarded as true second attacks of the disease, and are treated accordingly. The treatment is resumed, the diet restricted, and the same general watchfulness had over the state of the case as during ihe course of the first attack.

Hemorrhage occurring early in the attack is considered as of but little consequence, but when it supervenes later—when the sloughs are thrown off —it is regarded as a very serious matter. The treatment of hemorrhage is by absolute rest in bed for twenty-four hours, and by the administration of opium, to produce complete quiet for the alimentary canal. The opium is given by the rectum, one grain of the solid opium being prescribed every two or three hours until the patient is gently under its influence; of astringents, for local action, acetatate of lead is preferred. A suppository containing one grain of opium and three grains of the acetate of lead is given three or four times daily. Ergot, by reason of its action upon the walls of the arterioles, is also very highly prized. It is given hypodermically near the supposed seat of the hemorrhage. The food allowed is very small in quantity, and absolutely liquid.

Peritonitis is treated by antiphlogistics, sedatives, perfect rest in bed, and a diet which leaves no residuum to irritate the bowels.

True perforation is regarded as beyond the reach of medical skill to mend.

THE GERMAN HOSPITAL.

The quinine treatment (heroic doses) has been given a fair trial in the wards, and has been found to do but very little, if any, good. It has not even been satisfactorily demonstrated that it reduces the temperature, as the same changes in temperature have taken place in the case of those who have been taking the mineral acids alone. Indeed, after giving quinia some time in some cases it was stopped, and the same changes were found to exist. Quinia has seemed rather to increase the diarrhœa and headache, and in two cases it produced entire

deafness for two weeks. Sponging with vinegar and water has been found to act beneficially. Plenty of ice is given the patient to suck, and the ice-cap is applied to the head. The wet pack has been found to lower the temperature for the time being, but in an hour or more it generally mounts up again. To this is added the consideration that it has the disadvantage of necessitating the constant moving of the patient, wearing and weakening the constitution, thereby destroying his or her main support against the disease.

Oil of turpentine, as recommended formerly by Dr. George B. Wood, has been proven to act most beneficially. Especially has it been found useful in those cases where the dry, dark, and heavily coated tongue exists, with abdominal symptoms. It is given in twenty-drop doses in mucilage, every hour or two, and is continued in smaller doses during convalescence. In a large number of cases in which dry, dark tongue existed with tympanites, turpentine acted most beneficially, the tongue regaining its normal color and becoming moist in from six to eight days, and the tympanites disappearing in a much shorter time.

The mineral acids are of great service in keeping the stomach in good order, stimulating the appetite and relieving the intense thirst. In many cases the patients call for their dose of the acid hours before the time, so much are they pleased with its taste and effects. The acid commonly used is the dilute nitro-muriatic acid.

Whenever active, wild delirium exists, from one-third to one-half of a grain of morphia is given hypodermically. This medication has been found to act promptly in almost every instance. In one case particularly, the patient towards evening showing signs of approaching delirium, a large dose of morphia was immediately given hypodermically, which had the effect of rendering the patient perfectly rational when he awoke. Upon another occasion, when this same patient again showed signs of approaching delirium, the morphia was omitted, upon which a wild attack of delirium came on, which was at once broken up by the use of a moderate dose of morphia hypodermically.

THE EPISCOPAL HOSPITAL.

The temperature is reduced and the heart strengthened by fifteen-drop doses of the tincture of digitalis and two grains of quinia, every three hours. Stimulants are only employed in the severer cases. Excessive diarrhœa is controlled by injections containing fifteen drops of laudanum and half a fluid ounce of starch. Dilute muriatic acid is given in fifteen-drop doses every three hours, and in the second week of the disease five drops of turpentine are administered every three hours. Hemorrhage from the bowels is controlled by the internal use of ergot, and the local application of ice to the abdomen. A number of cases have been treated of late with one-fourth grain doses of the nitrate of silver in the second week of the disease, this dose being repeated every three hours with entirely negative results.

THE PENNSYLVANIA HOSPITAL.

Ten grains of quinia are given daily, and ten drops of muriatic acid every three hours. The patient is sponged all over with cold water, in the mornings and evenings. Diarrhœa is controlled by opiates and astringents. This is the routine treatment. The diet is very carefully regulated, consisting principally of beef-tea and milk. When the first sound of the heart is altered (weakened) early in the course of the disease, it is regarded as an indication that the patient should immediately be put upon the use of stimulants; or, if he is alreaded taking whiskey, that the daily amount should be doubled.—*N. Y. Med. Record.*

LUPUS OF FACE REMOVED BY EXCISION—TRACHEOTOMY WITHOUT THE TUBE.

Dr. Post presented (N. Y Path. Society) a drawing of an enormous lupus of the face, upon which he had performed an operation of excision. The patient was a German woman, sixty-one years of age, who was an inmate of the Presbyterian Hospital. She had the disease in the region of the nose for several years. At the time she entered the hospital the whole nasal pyramid had been swept away, and the ulceration had involved the integument at the root of the nose and between the eyes, the forehead, and four-fifths of the upper portion of the upper lip. As a precautionary measure against the escape of blood into the trachea, Dr. Post performed tracheotomy without a tube, after the manner proposed by Dr. H. A. Martin, of Boston (Amer. Med. Association Trans., 1878). The patient was fat, had a thick neck, and the subcutaneous vessels were large and numerous. Dr. Post stated in passing that the method of Martin maintained a wider opening than when the tube was used; that there was no irritation from the presence of the foreign body; and lastly, that there was no obstruction from the presence of mucus. From his experience in this case he was led to believe that wearing the tracheal tube after tracheotomy, will be placed in the same category as that of wearing the catheter after urethrotomy. He remembered one case in that connection which had its bearing on the question of wearing the tube after tracheotomy. Many years ago he performed tracheotomy for the temporary relief of malignant disease of the throat. The tube had been worn for a considerable period, and on its removal there was a well-marked ulceration caused by pressure.

To return to the patient with lupus. Dr. Post stated that as soon as he had opened the trachea he crowded a large piece of sponge into the mouth, cutting off all communication with the trachea. It was his intention to use Pacquelin's thermo-cautery, but unfortunately the india-rubber bag burst and he was compelled to use the knife. He began by making an incision below the margin of the diseased growth, thence on either side of the cheek to the inner canthi. The diseased portions of the latter situation were removed by the scissors. After completing the operation, which was a tedious and bloody one, the wound was dressed with shreds of lint and collodion. A little incident occurred a day or two after the operation which was worthy of note. The patient was rather suddenly attacked with emphysema, due to the entrance of air into the subcutaneous cellular tissue of the neck. This was promptly arrested by reopening the wound over the trachea. He stated that should the present operation be successful it was his intention of constructing a new nose from some other part of the body, taking the ring finger for a skeleton basis.

DEXTRO-QUININE IN DOUBLE PNEUMONIA.

Dr. Rutherford, of Macon, Ga., reports the following interesting case, in the *Med. and Surg. Reporter*, Philadelphia:

On the 11th of March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot; cheeks flushed, eyes suffused; respiration about 23; pulse 120. Complained of severe pain in both sides of the chest; cough constant; both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in centre, base covered with a dense, dirty brownish fur; lips red; breath very offensive. Diagnosed double pneumonia. Ordered a large poultice, to cover both sides of the thorax, to be as hot as the patient could endure it, and acetate of ammonia, in one drachm doses, to be given every three hours; also five grains of dextro-quinine every six hours. Eleven a.m. next day, pulse was 120. Right lung more involved; pain more acute; respiration more rapid; mouth dry, tongue more brown, fissure deeper; temperature 403½°. Ordered poultice to be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once and repeated in four hours. At nine p.m., saw the patient; complained of diarrhœa. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhœa, a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisted of milk. Dextro-quinine was given only twice during the night. On the morning of the 12th, symptoms much improved, though the dulness was as great, but heat and restlessness abated somewhat; diarrhœa under control. During the next two days the acetate of ammonia was continued in one-drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the 15th I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently, in small quantities. Tincture of veratrum was given in small doses every hour. At four o'clock I saw her again; was told that labor pains had set in. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hemorrhage, and before I left the house the fœtus was expelled, minus the placenta. The shock this abortion inflicted on the system was very great; she become semi-comatose; pulse went up to 150, small and thready; breathing diaphragmatic. Convulsions then set in. Severe ones came on every twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and administered it. This was repeated in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day, I found, to my surprise, that there was very much less solidity of lung than at any other time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases of double pneumonia, pleuro-pneumonia, intermittent fever, and allied diseases.

EASY CATHETERIZATION.—A French surgeon advises to oil the patient, instead of the instrument. He injects oil into the urethra, and finds the friction and irritation are greatly reduced, as the instrument passes, so to speak, by its own weight.

THE NEW TREATMENT OF STONE OF THE BLADDER.

The *Boston Medical and Surgical Journal* has the following on the above subject. There has perhaps been no greater revolution in any department of surgery in a brief space of time than that which has occurred during the past two years in the management of stone in the bladder. When lithotrity was first introduced it was thought that the dangers and terrors of lithotomy were to be a thing of the past, a memory of the Middle Ages; but gradually it was discovered that this operation was also not without its sufferings and dangers, and many ingenious instruments and much skill and practice were employed to reduce these to a minimum. The perfection of the modern lithotritist was supposed to have been realized in that distinguished London surgeon, Sir Henry Thompson. Here was the man who could count his cases by the hundreds, whose delicate touch with an instrument of his own device was supposed to have conquered that dread sequel of the operation, cystitis, if it was within the limits of human skill and ingenuity to accomplish it The accumulations of a few great surgeons in the English metropolis made it possible to collect valuable statistics on the different modes of operating, to compare the old with the new, lithotomy with lithotrity. An inventory was accordingly taken some two years since, when, alas for modern science, the prestige of the latter operation was evidently about to wane. In vain had Sir Henry perfected himself in his art, in vain had he reduced the manipulation of the bladder to an almost incredibly brief space of time; many of his colleagues, led by Sir James Paget, were about to tender their allegiance once more to lithotomy. It was interesting to those whose privilege it was to witness the experiments quietly going on in this country at that time to watch the ebb and flow of the discussion, and to note with no small satisfaction how thoroughly each master stood committed to his own favorite procedure. As lithotrity was on the point of being abandoned, the key to the problem was discovered in the new operation which Dr. Bigelow has given us, rising, as it were, from the very ashes of the old. The establishment of the principle that the dangers of lithotrity were due to sharp fragments and decomposable *debris*, and not to the use of instruments, was a genuine and valuable discovery. A few years ago Mr. Clover invented a syringe to remove the sand left by the lithotrite, but the diameter of his tube did not permit fragments of even moderate size to pass, and its employment produced, therefore, no modification in the operation of lithotrity. The large tubes, of a size supposed impracticable before Otis had shown the capacity of the human urethra, and the evacuting apparatus devised by Dr. Bigelow first made a thorough emptying of the bladder possible. Here, then, was an operation which rids the bladder of a stone as thoroughly as a lithotomy, but leaves no wound behind it.

Dr. Bigelow's new lithotrite is a valuable instrument, but should not be regarded as an inseparable part of his method. The ball handle, the locking of the screw by a turn of the wrist, the rectangular blades, and the peculiar construction of the jaws to prevent impaction of fragments are great improvements, as is also its size, which enables the operator to crush the hardest as well as the largest stone. This instrument without the essential features of "rapid lithotrity with evacuation," however, would not have saved the traditional operation of lithotrity.

The discussion which has followed has shown the versatile Sir Henry to be as skillful with his pen as with his lithotrite, but even this has not availed him to convince the world that he had been previously familiar with the principles of litholapaxy, namely, the tolerance of the bladder to instruments, and its complete evacuation with large tubes.

The leading journals both of this country and of England have placed the credit where it belongs, and even Sir Henry himself has finally yielded to the inevitable. This is an American invention, and one which cannot fail to promote the prestige of Boston and the Massachusetts General Hospital as sources from which so many surgical innovations have emanated.

THE TREATMENT OF FRACTURE OF THE LOWER END OF THE RADIUS.

BY R. J. LEVIS, M.D., PHILADELPHIA.

The primary line of separation in the characteristic fracture of the carpal end of the radius is, with little tendency to deviation, *transverse* in its direction. Associated and secondary lines of fracture are generally those of comminution of the lower fragment, and are caused by the angular edge of compact tissue on the posterior aspect of the superior fragment being driven into the lower fragment and splitting it, usually in directions towards its articular surface. The displacement of the lower fragment is towards the dorsal aspect of the forearm, its articular surface being inclined so as to be abnormally presented backwards and upwards.

The mechanism of the fracture is simple. By a fall the weight of the body is suddenly thrown upon the hand, which undergoes extreme extension. If the force be sufficiently great, a fracture of the radius ensues, being caused by an act of leverage, or *transverse strain*. This direction of force has also been termed *cross-breaking strain*. Displacement of the fragments may not take place at all, or it may exist to the extent of complete separation of the surfaces from each other, the de-

formity varying with the force applied and the retaining influence of surrounding structures.

In reviewing the principles of treatment, the first essential is the *complete reduction of the displacement.* This is necessarily directed to the lower fragment. The reduction can usually be effected under the influence of ether by *strong extension applied to the hand, associated with forced flexion of the wrist.* The return of the deformity may be prevented by maintaining partial flexion of the wrist by a suitable splint, a pad being placed upon the dorsal surface of the fragment to retain it in place. This will accomplish the result, except where vertical splitting or extensive comminution of the fragment is present.

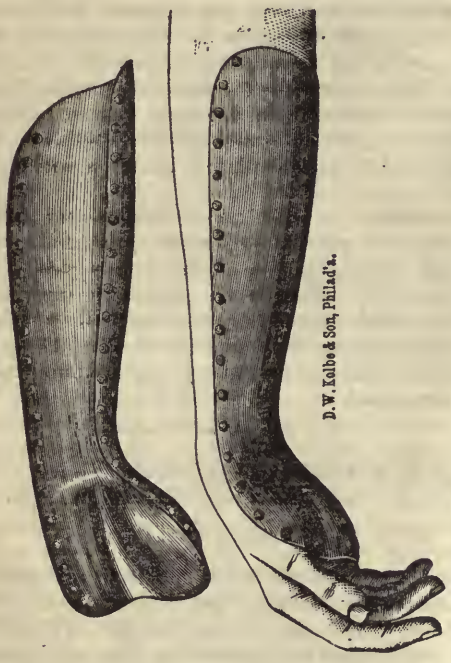

FIG. 1. Splint for fracture of the lower end of the radius.

In order to fulfil the indications for treatment splints of various kinds have been devised, but some of those in general use ignore the anatomical relations of the part, and hence often fail in obtaining a satisfactory result in the treatment of the fracture. In applying a splint it is essential that proper allowance should be made for the curvature of the lower portion of the radius, the concavity of which is on the anterior or palmar aspect of the bone. In the splint which I have devised and herewith present to the society, it will be noticed that this curvature is regarded, insuring the fitting of the dressing to the fore-arm. The fixing of the thenar and hypothenar eminences of the hand in their moulded beds maintains the splint immovably in its correct position with reference to the radial curve. The splint is made of copper, which is readily bent to suit the peculiarities of size and form in individual cases. A series of elevations or semi-punctures is placed along the edge, so as to keep the bandage from slipping. The surface of the metal is tinned, so as to prevent chemical change or rust.

As a lining to the splint when applied, a piece of woven lint or of cotton or woollen flannel is, as a rule, all that is necessary. No dorsal splint is needed, but the small compress already mentioned is placed on the lower fragment to prevent it slipping upwards and backwards. The splint is retained in place by an ordinary two and a half to three inch roller bandage.

This splint, being easily adapted to peculiarities of shape of the fore-arm, has the positive merit of being applicable to all cases of fracture of the lower end of the radius, and also to many other injuries in the neighborhood of the wrist-joint. It is almost indestructible, and as now supplied is quite inexpensive. It can be obtained by addressing any of the leading surgical instrument makers.

A CASE OF EMPYEMA IN WHICH PORTIONS OF THE RIBS WERE EXCISED.

Dr. F. Taylor read for himself and Mr. H. G. Howse a paper on this case, before the Clinical Society of London. The patient, a child aged 6, was admitted into the Evelina Hospital in January 1877, with a history of acute pleurisy eleven weeks previously. The left chest was shrunken, and dull on percussion posteriorly, with deficient breath-sounds, and some crepitation at the base in front. The temperature at first was nearly normal; but, after a time it fluctuated considerably, often rising in the evening to 103° Fahr. As this continued, and the physical signs were confined to the base of the left chest, this was explored on April 16th, and pus was found. The chest was then incised, and about ten ounces of pus were discharged. Tubes were inserted, and the chest washed out daily. On May 20th, a counter-opening had to be made; but, by the end of June, very little real progress had been made, as the sinuses rapidly closed, and thus the pus secreted was retained. On July 2nd, Mr. Howse made a T shaped incision through the skin round the existing aperture, and, after separating the periosteum, removed with the bone-forceps portions of the seventh, eighth, and ninth ribs. Each portion was about an inch and a half long. The thickened pleura was then cut through from the sinus, and two draining-tubes were inserted. The immediate improvement was decided; but the wound rapidly filled up, and in a short time the sinus was reduced to a channel no larger than it was previously to the operation. From this time nothing further was done by operation. The pus, continued to be secreted, and its retention was quickly followed by hectic symptoms. Albuminuria was discovered in

September, 1877, two months after the operation; anasarca developed later, and there was frequent diarrhœa; so that she sank from the internal complications in October, 1878. At the *post mortem* examination, the empyema was found to occupy chiefly the posterior part of the chest, reaching from base to apex. The lung was airless, except at the apex. There was no tubercle. The sixth, seventh, and eighth ribs were united by bony bridges. The liver, kidneys, and intestines were lardaceous, and there was recent acute peritonitis. The operation performed in this case permitted more falling in of the chest than would have otherwise taken place, but did not facilitate the drainage so much as was desired. This was due to the rapid development of granulations and bone which took place after the operation, the opening being quickly reduced to a narrow sinus. In another case, it would probably be advisable to remove the periosteal tissue much more freely, even if it necessitated also the removal of the thickened pleura. The large opening thus obtained would also allow more complete exploration of the smaller cavities, apparently distinct from the main cavity, such as were found in this case at the time of the operation. Dr. Powell said he had now a patient under his care where something of the kind must be done. Would not gouging away a portion of the rib, so allowing a kind of bed for the canula, be equally satisfactory? Dr. F. Taylor said their object was to prevent closure of the opening, and, if possible, to aid in the falling in of the ribs. Gouging, he thought, might fail, as this plan had done. Hence they did not repeat the operation, on account of the bad constitutional state. Mr. Howse thought gouging had little chance in such cases. The operation itself was easy enough.—*Brit. Med. Jour.*

CÆSAREAN SECTION, WITH EXTIRPATION OF UTERUS AND OVARIES.

A Vienna correspondent of the Boston *Medical and Surgical Journal* says:—On Sunday, May 25th, I had the good fortune to see a case of Cæsarean section with extirpation of the uterus and both ovaries, a description of which may be of interest to your readers. This operation, which originated in America, has lately been revived here, and is now well established, having been done, in all, twenty-two times, and seven times in Vienna alone. Professor Carl Braun has operated three times previous to the operation I am about to describe. One of the patients was in a very bad condition at the time of the operation, and died soon after, but the other two cases were successful. Professor Spaeth has operated twice. In one case, the patient was almost dead at the time of the operation, dying soon after, and a putrid child was extracted. In the second case both mother and child were saved. Professor Gustav Braun has operated once, the mother dying, and the child being saved.

Professor Carl Braun performed his fourth operation at 10.40 p.m., May 25th, in the lecture room, about fifteen spectators being present. The patient is a dwarf, four feet in height, and is twenty-five years old. She had rachitis when a child, and is frightfully deformed. She was raped by a drunken man, thirty-six years old, last August, and had no difficulty during her pregnancy, coming to the hospital soon after labor pains began, and being in apparently excellent condition, with the exception of a slight attack of bronchitis. The abdomen was very large, the child being apparently of full size. The head presented, but was freely movable above the brim of the pelvis. The pelvis was of the rachitic type, with an antero-posterior diameter of two inches. The operation was performed soon after the beginning of labor, by Professor Carl Braun, assisted by Professor Gustav Braun, and other gentlemen.

The patient was narcotized with a mixture of ether and chloroform, which is in general use here, the abdomen washed with carbolic acid and water, the pubes shaved, and the catheter introduced. The membranes had ruptured spontaneously about half an hour previously. An atomizer with a solution of thymol stood in the room, but the stream was not directed over the abdomen. The incision was made from the umbilicus downward within three inches of the symphysis, in the linea alba, and carefully deepened until the peritoneal cavity was opened. The arteries, two small branches, were secured by torsion, and then a probe-pointed bistoury was introduced, and the incision prolonged upward and to the left one and a half inches. The uterus was thus exposed, and was pushed forward by an assistant, so that its anterior surface protruded through the abdominal wound, and an incision being made with a scalpel, a probe-pointed bistoury was introduced, and the incision prolonged to about four inches. The gush of blood which followed was prevented from entering the abdominal cavity by the forward position of the uterus. The child was then extracted by the feet, and the placenta was torn off at the same time. The uterus was then grasped around the vaginal portion and compressed, the bleeding being controlled in this way until the chain of Billroth's ecraseur was adjusted. This was so applied as to inclose the uterus at the anatomical internal os, both ovaries thus being above the chain, and was strongly compressed. The uterus was then excised three-quarters of an inch above the chain, the ovaries being included in the excised mass. The stump of the uterus was then inclosed in a steel clamp, below the chain of the ecraseur, and, the latter being removed, the stump above the clamp was transfixed

with a long needle, with the idea of preventing the clamp from slipping when sloughing began. Two rubber drainage tubes were then inserted, and the edges of the abdominal wounds were brought together, the stump and clamp remaining outside. Silk sutures were used, being inserted over a flat sponge, and tied after the sponge was removed. The wound was dressed with a Lister's bandage, some preparation of tar being applied immediately over the wound. The whole operation took just an hour, and the patient rallied well, and seemed much comforted at the promise of a glass of brandy. The child was a large girl, and was in excellent condition.

The whole operation was exceedingly well done, and four days later the patient was doing well, and seemed in a fair way to recover, though the bronchitis caused some anxiety. The advantages of this operation are, first, that the patient is never exposed again to the danger of a similar operation, should she survive; secondly, that the bleeding is absolutely controlled after the extraction of the contents of the uterus; and, thirdly, that the danger of peritonitis is much lessened by avoiding uterine sutures, and secondary hemorrhage from the uterine wound, which was so often the case when uterine sutures were not employed.

The results of the Vienna cases are certainly very favourable, and so far seem to recommend a wider adoption of the operation.—Ed.

SPEEDY CURE OF NASAL POLYPI.

Dr. Caro in the *Medical Record*, gives the following painless method of removing nasal polypi, never before made public by the originator:

Mr. G. M——, æt. 60, ten years ago applied to me for relief from a soft polypus in the left nostril. I proposed evulsion; but not liking the proposition, he left, and I never heard of him until last May, when he returned with another polypus in the same nostril. I advised evulsion once more; he declined it again, and desired me to cure him the same way as did Dr. G. Ceccarini the first time (ten years ago). On inquiry, Dr. C. kindly answered: "The medicine which I use for removing nasal polypi is four or five drops of pure acetic acid injected with a hypodermic syringe within the body of the polypus once only, very seldom twice; the polypus generally drops off within three or five days without discomfort or pain. Disinfecting lotion will correct the offensive odor." With this information, on the 12th of August, in presence of my friend Dr. J. L. Little, I injected the polypus with six drops of chemically pure acetic acid, and instantly we saw the discoloration of it from red to white. Business preventing him from returning, I could not observe the daily progress; but when he called on September 2nd, he had only a small portion of it yet adhering to the middle turbinated bone, the other having dropped off the fourth day after the injection; this remaining portion was injected with four drops of the same acid, and on the third day dropped off, leaving his nose clear, without sore or a vestige of it. Neither of the two operations were followed by any unpleasant symptoms, save a slight smarting from the pricking by the needle when the acid was injected. The offensive odor arising from the decaying mass was corrected by a weak carbolized wash. The long interval from the destruction of the first, and the appearance of the second—ten years between—precludes the possibility of this last being a portion of the first, but a new one.

Medical Receptions.—The old saw, that all work and no play helps to make the subject of that condition a dull boy, has a striking application to members of our profession. At best, our calling is an exacting and tiresome one, and its followers need something to offset a more or less continuous mental strain. We are glad to see that the old notion that the physician must be different from other men, is fast passing away. On the contrary, some of our best workers are those who seem to enjoy life the most. They are to be seen at the opera, the theatre, the concert hall, and at the fashionable receptions, with a regularity that would surprise the man who says he never has time to do anything but strictly professional business. The secret of the whole matter is, that some amusement gives in the end a better capacity for real work, when the latter is necessary. It is a promising sign that such amusements are beginning to be common among medical men. Medical receptions are becoming quite frequent, and their enjoyable character is likely to make them still more popular. Aside from showing honor to distinguished strangers, we know of no means better calculated to edify the man medical as a social being, and to give him a closer sympathy with his medical brother, than the receptions to which we allude. On such occasions the individuals meet on the common ground of enjoyable sociability, and lose sight of mere differences of opinion in a common desire to be happy themselves, and agreeable to their companions. Already the receptions which have been recently held are beginning to bear good fruit, transforming apparent strangers into congenial associates, and in creating a better understanding with all as to the true relation which professional gentlemen should bear to each other. We have a slight suspicion that the expression, "the more the merrier," will not be considered original with us, but it is nevertheless applicable to the occasion.—(*N. Y. Med. Record*,)

Changing Physicians.—The *Medical Record*

in an article on "Consultations" in a recent number says: "The patient has a right to change his physician if he so pleases, and, having notified him to that effect (after having, of course, paid the bill), is under no more obligations to him. Any physician who would refuse to accept such a case would manifest a species of transcendental fastidiousness that could hardly be appreciated by the most upright member of the Medico-Historical Society. It is another thing, however, when a gentlemen is called after having, during the same illness, attended the case in consultation. Under such circumstances he is bound, in honor, invariably to decline having anything further to do with the case. As it is presumed that through the practitioner he became known to the family—that the same practitioner, perhaps, gave him his reputation—he must not in any manner supplant him. If the latter did not actually occur sometimes, it would appear almost like an insult to honorable men to refer to it as a possibility."

Removal of Glands of Axilla with Tumors of the Breast.—Lecturing at La Patié on a case of amputation of the breast, Prof. Verneuil observed that sometimes the indurated glands extend very far under the pectoralis, where it would be difficult, as in this case, to follow them. He therefore made at the anterior edge of the axilla a section of the pectoralis major by means of the linear écraseur, thus rendering the search for the glands much easier. In this way this thick muscle was divided without giving rise to any bleeding, and the search was easily pursued. These glands, excepting those situated at its outer border, are chiefly situated along the vessels, and especially along the axillary veins in the deeper-seated regions. It is especially in removing these deep-seated glands that we have to fear hemorrhage from the axillary vein—hemorrhage which is easily and rapidly produced on the slightest detachment of the glands, even when the use of a bistoury is abstained from. It is not the vein itself which is wounded, but every gland is connected with this by means of a short venous branch with a relatively large caliber. On detaching the glands by the fingers or a blunt instrument this vein of the ganglion becomes torn, and bleeding is produced, owing to the absence of valves, just as if the principal trunk were injured. It is impossible to find this little branch to tie it; and the ligature of the axillary vein should be practised at two points, as bleeding takes place at both ends of the divided. vessel. Difficult as this proved in this case, it would have been infinitely more so if it had to be done under the great pectoral in a wound inundated with the blood. The operation is therefore greatly facilitated by the previous division of the muscle. —*Gazette des Hopitaux. (Med. News.)*

How to Stop a Cold.—Horace Dobell, in his little work on "Coughs, Colds, and Consumption," gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible: 1. Give five grains of sesquicarb. of ammonia and five minims of liquor morphine in an ounce of almond emulsion every three hours. 2. At night give ℥ iss of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. 3. In the morning the extra blankets should be removed, so as to allow the skin to cool down before getting up. 4. Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bed time the second night give a compound colocynth pill. No more than twelve doses of the mixture from the first to the last need be taken as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.—*London Medical Record*, Aug. 15, 1879.

Carcinoma of the Stomach.—The following on the treatment of cancer of the stomach is from a "Treatise on the Practice of Medicine," by Prof. Robert Bartholow, which is announced for an early appearance:

"Although cancer of the stomach is incurable, much may be done by treatment to render the patient's decline tolerable. The first and most important point is to regulate the diet. By the withdrawal of solid food, and the substitution of milk alone, or milk and beef-juice, the greatest relief is afforded, and for a time there may be a gain in weight, but of course this is not long maintained. If the diet is restricted to the articles mentioned, it should be supplemented by that important means of rectal alimentation, the injection of defibrinated blood. The burning pain is much diminished by washing out the stomach once a day with the stomach-pump, especially in dilatation from stenosis of the pylorus. By removing acrid and acid matters in this way, much straining efforts at vomiting will be saved.

Of all the remedial measures proposed there is no prescription which is so generally useful in these cases as equal parts of pure carbolic acid and tincture of iodine, of which one or two drops may be administered in water three times a day. For the vomiting only, a solution in cherry-laurel water of carbolic acid, or a combination of carbolic acid with bismuth in an emulsion, will be found effective. Nitro-glycerine, benzine, and bisulphate of carbon have been used, with advantage, to allay nausea and vomiting. The most effective means

to allay pain is the hypodermic injection of morphia. The stomachial administration of the same agent is inefficient, owing to the diminished absorption power of the organ. Laudanum by enema, morphia in the form of suppository, or the endermic use of morphia, are preferable to the stomach administration. Great care is necessary in the prescription of anodynes, for the need grows rapidly, and the consumption becomes enormous, reducing the patient to a mental and moral weakness dreadful to contemplate.

Arsenic, in the form of Fowler's solution, one or two drops, three times a day, has considerable power to ally pain, and is not without influence in retarding the growth of epithelial cancer. As respects the power to relieve pain, the physiological basis for its employment is the action of arsenic, in toxic doses, on the nervous system of animal life. It has been repeatedly observed that sometimes, in large doses, no vomiting was produced, but coma and insensibility followed. A great many facts have now been accumulated, proving that cancer of epithelial origin may be greatly retarded in its growth by the persistent use of moderate doses—two drops of Fowler's solution *ter in die.*

The author's considerable experience in the treatment of carcinoma of the stomach warrants the statement that the best results are obtained by the persistent use of carbolic acid and iodine, in the form advised above, and of arsenic, in the form of Fowler's solution. It may not be needless to observe that these agents should not be given in one prescription—the carbolic acid and iodine together, the Fowler's solution at another time.—*N. Y. Medical Journal.*

Intra-uterine Medication. — Dr. Wallace (*Med. Press and Circular*), says :—I have found the following simple arrangement for intra-uterine medication answer very well : Cut the end off a flexible No. 10 catheter, pass the wire stilette through it, and make a knob on the end of it with wax and cotton wool, which will just cover the end of the catheter ; then push up the stilette about an inch and a-half, roll cotton wool round it, and dip it in the solution to be applied (carbolic acid and iodine is excellent), and draw it within the catheter so that the knob just covers the end, give it a bend like a uterine sound, and pass it up to the fundus of the uterus ; then draw the catheter down the wire. This, of course, brings the medicated cotton wool in contact with the uterus through its whole length. After leaving it in for a minute or two, it can be withdrawn. The speculum is not needed. The main recommendation of this arrangement is that it saves the cost of a 20s. or 25s. instrument, an important matter in these times.

Dislocation of the Femur on the Dorsum Ilii in a child four years old.—The following interesting case is reported by Dr. Thompson, of Onondaga, Ont., in the *Hospital Gazette* :—On the 10th of June, 1879, Kate Isaac, an Indian child, aged four years, living with her parents on the Tuscarora Reserve, Ontario, Canada, fell from a waggon and injured her hip. Dr. Dee, the medical officer, to the Six Nation Indians, and an old pupil of yours, was called to visit the child on the evening of the 11th. He at once diagnosed it as a case of dislocation of the left femur on the dorsum ilii. Preferring to have assistance before attempting reduction, he called on me very early on the morning of the 12th, when I accompanied Dr. Dee to the home of the little patient. It was a well marked case of dislocation on the dorsum ilii. Dr. Dee having administered chloroform, I reduced the dislocation in less than three minutes by Bigelow's method. The bone resuming its place with an audible click which was heard by all in the room. The child was soon able to walk about, and is now as well as if the accident had never happened.

Medical Students' Hysteria. — During the fortnight following the death of the late Napoleon, Sir James Paget was consulted for stone in the bladder, by no less than four gentlemen who had nothing the matter with them. This leads me to speak of a form of hysteria which is frequent in males, and perhaps more so in our own profession than in any other class of people. How many students are there of one year's standing or more in this hospital or any other who have not imagined that they were the victims of some fatal disease. I myself, when a student, was convinced that I had both heart disease and phthisis. . . . Scores of students consult yearly their medical preceptors for complaints of which they have not the first symptom.—*Mr. P. Horrocks.*

Dipsomania.—Charles Napier, an English scientist, says that dipsomania is relatively under control when a farinaceous diet is employed. Among the articles which are specified as antagonistic to alcohol, are maccaroni, haricot beans, dried peas and lentils, well boiled and seasoned with butter or olive oil. He claims that the carbon thus ingested renders unnecessary, and therefore repels, the carbon in the alcoholic beverages. He also states that confirmed drunkards, and those brought to death's door by their habits, have been fully cured by a proper farinaceous regimen.

Treatment of Prolapsus Ani. — Dr. Vidal recommends injection of a solution of ergotin for this purpose. The *Paris Médical* mentions three cases in which this method was employed. In one of these the prolapse, which had existed for eight years, yielded to the treatment in three months. In two other instances the cure was much more

rapid. At the present time there is a woman under observation at St. Louis, who has been almost entirely cured by three injections. The contractions produced by the introduction of ergotin extend, as a rule, to the bladder, and give rise to spasm and dysuria.—*Lancet.*

"PRURITUS PUDENDI."—Dr. Andrew J. B. Jenner, of Detroit, writes :—"Experience has taught me that men of a nervous, bilious temperament frequently suffer from itching of the scrotum—and women, of the same temperament, from itching of the pudenda. There is no eruption in either case. Scratching the parts, however, produces such an exquisitely voluptuous sensation, and so intensifies the itching, that continued scratching freq ently abrades and excoriates the parts. Such pruritus is not a disease of itself, but merely a symptom of *hyperæsthesia* of the local cutaneous nerves caused by the permeation of *uric acid* or *bile.* Such cases are invariably relieved by the *internal* use of the tincture of aconite. In severe cases the same remedy may be applied *externally.* The following prescription will, in most cases, suffice : R. Tr. aconiti rad., ʒ j ; ex. aquæ, ℥ xij. Cujus cochleare unum magnum ter quaterve in die sumendum."

The following, from a clinical lecture on Idiopathic Pruritus, by Prof. Thompson, M.D., of the Medical Department of the University of the city of New York, and published in the N. Y. *Medical Journal* for the current month, is also of interest in this connection :

"This young man, as you will remember, was before us a week ago, when we found that he was suffering from that troublesome affection known as pruritus. Concerning the latter I should like a few further remarks to-day. In true pruritus no pathological changes whatever can be discovered in the skin—not even with the microscope—except such as may be due to the mechanical irritation of scratching. It is to be regarded as a sensori-nervous disease, and this nervous element it is very important to find out. Sometimes, however, pruritus is unquestionably due to some blood disease in the system. Thus it occurs not infrequently in Bright's disease. Its connection with the ordinary forms of jaundice is well recognized, and sometimes it occurs in disease of the liver of malarial origin, where there is little or no jaundice. Here the blood is charged with excrementitious matters in the form of biliary salts, but there may be none of the coloring matter of the bile whatever in it. We can usually judge whether a pruritus is due to trouble of the liver or not by ascertaining whether there is a marked bitter taste in the mouth. If this is the case, we should direct our attention at once to that organ, if we expect to meet with any success in its treatment. After making an investigation of the case, we find that this patient is suffering neither from Bright's disease nor from disease of the liver. There is one hypothesis more that must be taken into consideration before we set down the trouble as of purely nervous origin, and that is, that he may be the subject of diabetes mellitus. I have repeatedly found sugar in the urine in connection with pruritus, and especially pruritus vulvæ. Whenever you have a persistent case of pruritus vulvæ, you should always examine the urine for sugar ; and, if you do not find it at one time, search for it again and again until you have demonstrated that there is no possibility of the patient having diabetes. Particularly should you persist in repeating these examinations if you find that the specific gravity of the urine is habitually high—say about 1.030. In diabetes it has been found that the itching of the skin and mucous membrane is due to the presence of a cryptogamic plant of the yeast family and the best remedy by far for it is the sulphite of soda, because it has the property of destroying this. It should be used in the proportion of about a drachm to the ounce of water. The various preparations of carbolic acid will also prove of service. I dwell especially upon the connection of pruritus with diabetes, because you may not have had your attention called to the fact. For a long time I was not aware of it myself ; but every now and then I would meet with an extremely obstinate case of pruritus, where the patient had been from one physician to another, and tried a numberless variety of remedies, until there seemed but little hope of gaining any relief. In each of these I was finally led to suspect the presence of diabetes, from the fact that the patient was troubled with boils, which constitute one of the more or less characteristic phenomena of the affection. Wherever, therefore, you meet with a case of obstinate itching, associated with the formation of boils, you have grounds for the suspicion of diabetes.

But occasionally we find an instance of pruritus where no blood poisoning whatever can be detected. There is, then, pretty sure to be nerve-exhaustion ; and this, by a process of exclusion, we have found to be the case here. For the past week the patient has been taking small doses of phosphoric acid, nitrate of silver, and corrosive sublimate, in addition to the syrup of the hypophosphites, and locally has made use of olive oil. To-day he reports that he feels better and stronger than he did, and that the itching has been somewhat relieved. I would suggest that the same treatment should be continued, and that he should now commence the use of cod liver oil, in emulsion, in addition to the other remedies.—*Mich. Med. News.*

EXTIRPATION OF THE PHARYNX.—At the recent Congress of German Surgeons in Berlin, Professor Langenbeck stated that he had performed the operation of extirpation of the pharynx three times, and that he considered the operation justifiable, although his cases were unsuccessful.

The following are the steps of the operation: First of all, tracheotomy must be performed, and the canula of Trendelenberg introduced; then an incision is carried from the body of the lower jaw, midway between the symphysis and the angle, toward the greater cornu of the hyoid bone, and thence along the anterior border of the sterno-mastoid as far as the upper extremity of the tracheotomy incision. Next, the submaxillary gland must be removed, the lingual artery tied, the stylo-hyoid and the digastric muscles detached from the hyoid bone; the pharynx is then laid bare and can be dissected out, the larynx meanwhile being drawn to the opposite side.

The principal dangers to be apprehended are peri-œsophageal phlegmon extending into the mediastinum, and pneumonia from the introduction of foreign bodies in the air passages. At the same Congress, Professor Billroth stated that six weeks previously he had removed from a woman, aged forty-two years, *the pharynx, the cervical portion of the œsophagus, the larynx, a part of the trachea, and all the thyroid gland*, for a cancer of the pharynx, involving the posterior portion of the larynx.

He first performed a preventive tracheotomy, and nine days later proceeded to operate, after introducing the canula tampon of Trendelenberg. The incision was made along the anterior border of the sterno-mastoid. In the course of the operation, Professor Billroth found that the tumor extended much further than had been supposed, and as he advanced, step by step, he found himself compelled to remove successively all of the larynx except the epiglottis, the upper rings of the trachea, a large portion of the pharynx, the œsophagus as far as the sternum, and the whole of the thyroid body. An elastic tube was placed in the œsophagus for the introduction of aliment.

During the first four weeks the patient did well, the wound gradully contracting, and the elastic tube was then removed in the hope that the pharynx would unite with the lower portion of the œsophagus and form a permanent canal for the passage of food.

After the removal of the tube, however, deglutition was accompanied by suffocative attacks and vomiting, and the canal contracted, rendering the passage of bougies necessary. In the sixth week a false passage was made in the peri-œsophageal tissue. Pericarditis and death followed.

Kolaczek, of Breslau, removed a cancer of the posterior wall of the pharynx, by a supra-hyoidean pharyngotomy, eight weeks before the Congress met.

The patient was still living at the date of the report, and was nourished through a tube placed in the œsophageal fistula. Kœnig of Göttingen, and Gussenbauer, of Prague, have also removed cancers of the pharynx, and, like Langenbeck, lost their patients through pneumonia due to the introduction of food into the lungs.

To avoid this danger, Thiersch has proposed the preliminary establishment of a gastric fistula.—*Le Progres Medical*, Aug. 30, 1879.—*Maryland Medical Journal.*

Treatment of Tinea Tonsurans.—In a clinic, reported in the *Lancet* for November, 1879, Dr. Robert Liveing says :—

Nothing is easier to cure than tinea tonsurans of the trunk, or more difficult to deal with than the same disease when it is well established on the scalp. It is important that you should understand how the remedies in common use act. They may be conveniently divided into two classes—(1) Those which act by setting up sufficient inflammation in the skin to lead to the destruction of the disease; (2) Those of a milder kind, which act as antagonistic to the development of the Trichophyton tonsurans. To the former class belong such remedies as acetum cantharidis and strong acetic acid; to the latter belong sulphur ointment, the white precipitate ointment, and sulphurous acid lotion. Many remedies combine, as it were, these two properties; as, for example, chrysophanic acid ointment, iodine liniment, and strong carbolized glycerine. How are you to choose between all these and many other remedies? You must be guided by circumstances, and take into consideration both the age of your patient, and also the extent of the mischief. *Strong remedies are always contra-indicated in very young children;* a little tincture of iodine painted on twice a day, for a few days, followed by the use of the white precipitate ointment, is all that is necessary. In older children, stronger treatment must be used, but even then you must be guided in your choice by the extent of the mischief. It is very unwise to make a large sore place on the scalp, as it will very likely give you and your patient more trouble than the ringworm itself. If, however, the disease is in an early stage, and consists of one or two small circumscribed spots, your best plan is to cut the hair short all round the spots, and apply with a brush Coster's paste, acetum cantharidis, or iodine liniment. At this stage a few applications will sometimes arrest the mischief. A single painting with pure carbolic acid is thoroughly effective, but is a strong remedy and gives some pain. Always bear in mind that it is very unwise to trust strong remedies to unskilled hands. When the disease extends over a large surface, you must be content with using milder measures—tincture of iodine of double strength, painted on every day, is a good and safe mode of treatment. This may be followed up by the use of the nitrate of mercury ointment, diluted according to circumstances, or an ointment containing the red and white precipitate of mercury (10 per cent). For many years I

have used, in certain cases, goa powder or chrysophanic acid ointment, (thirty grains to the ounce is usually strong enough), and I have found it a very effective remedy, but there are great drawbacks to its general use. First, it stains everything with which it comes in contact, and in the second place, we are uncertain as to the amount of inflammation it may set up; some children bear it well, while in others it produces so much irritation, swelling and discoloration of the skin, as to alarm those who use it. It must, therefore, be used with caution, and patients should be warned of its properties; nevertheless, I repeat, it is a very effective remedy.

Your success in the treatment of ringworm will depend on you choosing your remedies with judgment, being guided in your choice by the circumstances of the case, and always bearing in mind that you have to steer, as it were, between setting up too much inflammation, on the one hand, and not using sufficient strong means on the other. Whatever treatment, however, you adopt, you will meet with a certain number of cases that defy your best efforts, and that get well only, perhaps, after years of tedious care. As a rule, shaving the head is quite unnecessary, but the hair should be kept quite short. Skull-caps are best avoided, as liable to propagate the disease. With regard to epilation, which is so largely used in France as a mode of treatment, I do not find that it is often necessary; it is, however, occasionally useful. Take, for example, the case of a boy anxious to return to school, who has a patch of chronic tinea tonsurans. In this case the extraction of the diseased hairs will shorten the treatment required, and enable him to return to school cured somewhat sooner than would otherwise be possible. Lastly, most observers agree that ringworm is often associated with a generally unhealthy condition of the skin, which is badly nourished. Under these circumstances, tonics, such as iron and arsenic, are often useful. This is quite in accordance with the fact that many strictly local affections are influenced by general treatment.

DISTINCTIONS BETWEEN CROUP AND DIPHTHERIA.—That croup and diphtheria are distinct diseases, Dr. W. H. Day (*Medical Press and Circular*) maintains, and he points out the following distinction :—

We constantly meet with genuine croup, of an acute and local inflammatory character, leading to the well known false membrane in the trachea and larynx, as described by the old-fashioned authorities. It seems impossible that we can mistake this true croup (which we have been in the habit of meeting with all our lives) for the peculiar membranous inflammation of the trachea, sometimes seen in diphtheria. It is well to glance at some remarkable points of difference in the two affections.

1. True croup is prone to attack the healthiest children, and in districts where diphtheria does not prevail.

2. True croup is apt to come on very suddenly, and in cases of recovery the general health is rapidly re-established, as compared with diphtheria.

3. In diphtheritic croup the disease is of a well-marked character, and is always accompanied by great depression and nervous symptoms.

4. Croup is a local disease; diphtheria is a constitutional affection, in which the kidneys and intestines may be involved. Croup is neither infectious nor contagious; diphtheria is both.

5. The cases that recover from diphtheritic croup are few, and the convalescence is not only very slow and tedious, but the throat affection is usually preceded by a characteristic membrane on the palate, and the prostration is always great. Partial loss of voice, fetid breath, swollen neck and glands, diminution of muscular power, paralysis of the muscles of deglutition, and albuminuria, are common in diphtheria; but they are not witnessed in inflammatory croup.

6. Between croup and diphtheria there is also another very important diagnostic difference; diphtheria generally begins in the pharynx, croup in the larynx. The false membrane found in the larynx in cases of genuine croup, is quite different from the leathery or yellowish gray exudation found on the tonsils, in the larynx and bronchial tubes, in cases of diphtheria. The pathological differences between croup and diphtheria are open to further contrast. In the early stage of croup there is an increase in the vascularity of the affected membrane, as in severe catarrh, with a trifling amount of inflammatory exudation. This is succeeded by fibrillation of the exuded lymph which, with the new formed cellular elements, becomes transformed into the characteristic *false membrane.* Its consistence varies, being in some cases tough, in others soft and amorphous, and easily removed from the mucous membrane beneath. In the larynx and upper part of the trachea, where the inflammation is most acute, the exudation is croupal or membranous, and is very characteristic of true croup, but in the lowest part of the trachea and diverging bronchi there may be nothing more than a scanty superficial layer of mucus.

"It is difficult in many cases to draw any line of demarcation between the histological changes occurring in diphtheria and those of croup. In diphtheria, however, the submucous tissue usually becomes more extensively involved, so that the false membrane is much less readily removed. The circulation also often becomes so much interfered with that portions of the tissue lose their vitality, and large ash colored sloughs are formed, which, after removal, leave a considerable loss of substance.

7. If croup were identical with diphtheria, it seems to me that the operation of tracheotomy would rarely succeed; whereas it is often successful when false membrane has blocked up the tracheal tube, and has been removed from time to time after the operation.

CEREBRAL SYPHILIS.—Dr. L. E. Atkinson, of Baltimore, relates (*Virginia Medical Mon hly*, Dec., 1879,) three interesting cases of cerebral disease of syphilitic origin. We have space for his conclusions only: It will be universally recognized that not one of the symptoms of brain disease, observed in these patients, presented a feature which could, in any special sense, be termed syphilitic, which could not, equally well, be produced by a non-syphilitic malady. At the same time, they show that widely different morbid conditions may arise from the same source, and that this source, probably more than any other in the pathology of these affections, is within the influence of our art. And it daily happens that their true nature remains unrecognized, and patients drift into suffering, helplessness, imbecility and death, when the timely and judicious administration of mercury and potassium, or sodium iodide, could have saved them to life and usefulness. And let it not be forgotten, that if we are to cure these patients, it must be while the *specific* processes are developing or in full activity—while the membrane is hyperæmic and beginning to thicken, the gumma forming, the artery narrowing—and not after the essential parts have been destroyed or crowded out by the unwelcome stranger. Usually, it is not difficult to recognize the presence of syphilis in these stages, in view of the curious combinations of symptoms displayed; and it is incumbent upon us not to be unmindful of the possibility of a syphilitic origin of any given case, so that timely advantage of a proper diagnosis may be taken. The treatment of cerebral syphilis, then, consists in the treatment of processes essentially syphilitic; and it must be kept in mind, that, apart from these, the results of syphilitic disease of the brain are identical with those of various other affections—they are the indelible traces of a battle that has, may be, long since been fought.—*Cin. Med. News.*

AN ILLUSTRIOUS VIVISECTOR. — Bologna has erected to the memory of the illustrious Galvani, the great discoverer of animal electricity, a monument in which he appears in the act of touching with two different metals the lumbar nerves of a vivisected frog. It will be remembered that it was accidentally, and in the course of a series of vivisections of frogs conducted for quite another purpose, that Galvani observed accidentally the twitching of the muscles of the limb of the frog as it swung backward and forward; and the bare sciatic nerve to ching the metal, the first inkling came to him of the discovery of the form of electricity which is known by his name, and out of which has sprung those great applications of electricity to industry and to science, such as the electric telegraph, with all the other applications of electricity to the purposes of life. The statue, which was publicly unveiled on Sunday in Bologna, stands as a living testimony to the truth which the Commissioners on the subject of the experiments on animals affirmed in their Parliamentary report, that vivisection is necessary, not only for the purpose of the immediate investigation of palpable problems in life, but also for the mere purpose of gaining new knowledge; for it was in the course of such an investigation that this illustrious discoverer first hit upon the clue which has led to perhaps the grandest series of researches and the most valuable results ever attained by any one scientific research. —*Brit. Med. Journal.*

M. PAUL BERT'S NEW METHOD OF ANÆSTHESIA.—M. Paul Bert's new method for producing anæsthesia—nitrous oxide used under pressure — has been introduced into the Paris hospitals. Last week, M. Léon Labbé performed seven surgical operations, of which the duration varied from five to thirty-two minutes, in the moveable chamber put up at the Lariboisière Hospital by Dr. Fontaine for the surgical and medical employment of compressed air. As in the operations already performed at the medico-pneumatic establishment in the Rue Chateaudun by M. Péan, the success of this new anæsthetic method was complete. On the 29th ult., M. Labbé removed a cancerous breast, the operation lasting for one hour and four minutes; this is the greatest success recorded up to the present time. Some days since, the same surgeon performed an operation in a private house into which the moveable chamber had been taken, removing a tumour of the breast which had grown again after having been operated on twice under chloroform. The patient had on both occasions suffered for forty-eight hours from the effects of the anæsthetic employed. On this occasion, however, there was no such inconvenience. Consciousness returned quickly, and there were no consecutive ill effects. MM. Labbé and Péan will continue to operate in M. Fontaine's moveable chamber at the Lariboisiére and St. Louis Hospital.—*Brit. Med. Journal.*

WORK AND PLAY.—A recent writer has declared that there is no just discrimination between work and play except that of sentiment only. If life pursued its even tenor, there could be no question as to recreation after labor; the two would be identical. This, it is claimed, was true of that brilliant era of classic Greece, when man attained so nearly to the ideal, both of mind and body. In the occupation of the joyous Grecian there was no such thing as work or play, but only life.

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

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TORONTO, FEBRUARY 1, 1880.

SYPHILIS AND MENTAL ALIENATION.

In the October number of the *Journal of Mental Science*, our talented fellow countryman, W. Julius Mickle, M.D., M.R.C.P., an honour graduate of Toronto University, and now medical superintendent of Grove Hall Asylum, Bow, London, has furnished a very instructive detail of cases of insanity, clearly traceable to syphilitic constitutional empoisonment. These cases all presented the peculiar mental phenomena so generally recognised as the distinguishing and special psychical symptoms of that intractable malady first described by French alienists under the designation of *paralysie generale*, but which is now, in Germany and America, usually called paresis.

The most valuable fact connected with Dr. Mickle's cases of mental alienation associated with syphilitic empoisonment, is that this form of paresis is not, as are its others, insusceptible of curative treatment; for Dr. Mickle's notes very convincingly prove, that under the specific line of treatment which is found successful in secondary or tertiary syphilis, the mental aberration recedes *pari passu*, with the physical disease. This is a most important fact, for though we are not aware that in this Province paresis has yet been often met with in association with syphilitic sequelæ, it is more than probable that its increasing incidence in our large American cities, and to some extent even in our own small ones, might, on closer scrutiny, be found traceable to this cause; and should this discovery be made, our asylum physicians will not fail to derive some ray of comfort from the knowledge that their therapeutic resources are not doomed to eternal failure, as they certainly heretofore have been; and they will regard with warm gratitude the promulgator of so important a fact in the domain of psychiatry. On Dr. Mickle's professional acumen, and unswerving veracity, we are well aware implicit reliance may be placed. We regret that our space will not permit us to transcribe in full the illustrative cases presented by him. As regards the mental manifestations, let it suffice to say that they all perfectly harmonised with those usually met with in the spontaneous form of paresis, which have been so exactly depicted by all the late writers on insanity.

Dr. Mickle, having under his care about 400 invalided soldiers, has certainly an ample field for observation; and those who have had the pleasure of reading his valuable contributions to the literature of alienism during the last few years, will admit that he has been a most industrious and efficient worker. We may summarise his present observations by simply stating the medicinal treatment successfully pursued by him in these typical cases:

1st. An artillery soldier, age 29, of $10\frac{8}{12}$ years service. He said, "he was the Everlasting Son of the Most High," &c., &c. The fact of syphilitic complication having been discovered, the treatment adopted was as follows: ℞. Potassii iodidi grs. viii, Hydrarg. per-chloridi gr $\frac{1}{10}$, Ammon. carb. grs. iv. ter in die. This course was continued from his admission, 14th Jan. till 13th Feb., 1879, without any distrust of mercurialism. He gradually lost all his delusions, and was discharged recovered on 17th May. Dr. M. remarks—"That this was a case of syphilitic insanity was quite clear. *Intense syphilitic cranial pain*, ending in insomnia, stupor, and delirium, and this in mania gradually undergoing transformation into a form of monomania, and steady recovery under specific treatment—these were the chief phenomena."

We would call particular attention to the words above, placed by us in italics, as of most valuable diagnostic significance, for it has been our observance that ordinary, spontaneous paresis is seldom, if ever, characterised by *cranial*, or indeed by any other, pain. Its subjects are almost always gay, restless, and painless; and they invariably assert that their health never was better, or, to use their own stereotyped phrase, they are "first rate." Dr. M.'s two other cases were, with trivial deviations, treated similarly to the preceding, and with

like pleasing result. Cranial pains, which we have above noted as valuable diagnostic symptoms, were present, with other syphilitic indications.

PUBLIC HEALTH AND SANITARY REFORM.

An influential deputation of medical men and others including the Mayor of this city, waited upon the Attorney-General of Ontario a short time ago to urge upon the Government the necessity of establishing a Provincial Board of Health to promote the interests of sanitary science, and especially to aid in preventing the spread of contagious and infectious diseases. The draft of a Bill prepared by a committee was presented in which the duties of the Board were stated. The principal provisions were as follows:—

A Board, to be composed of seven members appointed by the Lieutenant-Governor in Council, and a health officer, who with two members of the Government should be *ex-officio* members of the same, was to be invested with the power of obtaining information from Local Boards, throughout the Province, in reference to the existence of infectious diseases, and to adopt prompt measures for the stamping out of such diseases, so as to prevent an increase in sickness or mortality. A secretary was to be appointed by the Board to compile and arrange the vital statistics and health reports, for discussion and publication, and to issue such regulations regarding the prevention of disease as might be approved of. One important feature was the advisory character of the Board with reference to the necessary legislation for enforcing sanitary measures for the protection of the public health, as well as the education of the public regrading sanitary reform generally. An annual appropriation of $5,000 was asked for to enable the desired objects to be carried out. The Bill differed very little from those which have been sanctioned in so many of the states of the adjoining Republic. The deputation advanced statistics to show how beneficial the action of such Boards had been. Wherever they had been in operation for a reasonable length of time, the death-rate had been considerably reduced, especially from preventible causes. The beneficial effects of isolation hospitals was alluded to, and instances were given in which large numbers of lives had been saved by this means. The saving to the country from the enforcing of sanitary regulations was also brought forward as an additional inducement to urge the Government to grant an appropriation to aid in promoting the public welfare. It appears, however, that the Government was not willing to grant the request of the deputation, however evident the benefits to be derived from such legislation might be. The Attorney-General in reply stated that "the chief "obstacle to legislation in the matter was the "question of the money appropriation which was "asked for." He acknowledged that the public required to be educated regarding the matter, but thought that this end could be best attained by means of the press. It is difficult, however, to see how we are to obtain an accurate knowledge of the prevalence of contagious or infectious diseases, or the existence of insanitary conditions, unless some such measure receives the support of the Government. No intelligent person will deny the necessity for legislation regarding this matter, and we feel assured that the Government would not only have been able to pass such a measure without opposition, but it would have received the approval of the public generally.

We are glad to say, however, that there is a great probability of the Dominion Government taking some action in the matter. Last session a measure was introduced for the better collection of vital statistics, and we understand that it is proposed to pass an act, having this end in view, during the ensuing session.

The scheme for the registration of the prevalence of disease, to which we drew attention in the November number of the *Lancet* appears also to meet with public approval. The Canada Medical Association has presented a petition to the Dominion Government, asking for an appropriation for the purpose of collecting statistics on this point. We have received an outline of the scheme in which is shown, 1st. The information it is proposed to obtain; 2nd. The method by which it is to be obtained; 3rd. How it is to be utilized, and 4th. The benefits which will be derived from it. The method of obtaining the information required is very simple, and will entail very little labour. This is a point which will be appreciated by medical men, who, as a rule, prefer to avoid all unnecessary trouble.

A copy of the weekly returns can be kept for future reference.

From the data thus collected, it is proposed to prepare and issue fortnightly reports, containing information regarding the prevalence of disease in different localities. These reports are to be forwarded to all the Health officers, and other interested persons, and it is assumed that when it has been publicly proclaimed that an epidemic prevails in any locality, the authorities will take the necessary action to prevent its spread, "not only for the benefit of humanity, "but for their own credit." In addition to the fortnightly reports, special reports are to be issued whenever an epidemic prevails. An annual report is to be prepared for the use of the Government, containing a disease chart of the country, diagrams of the course of special diseases, and a comparison between these returns and the Meteorological reports, in order to ascertain the influence of the weather on health.

We have not space to go more fully into the scheme; but since it meets with the support of the public, the profession and the press, we may feel assured that it will obtain the assistance of the Government, and be put into operation at once. That it is a matter of public interest there can be no doubt, and no one will dispute its necessity. It has always been admitted that mortality returns are very important; but, hitherto, few have recognized the value of statistics regarding the prevalence of disease. The relation between the two has been well illustrated by the Right Hon. Lyon Playfair, F.R.S., who said, that "registration of "deaths represents the wrecks which strew the "shore, while that of sickness would tell us of "coming storms, and enable us to trim our vessels "to meet them. Till we have such a system of "disease-registration, public health cannot be "administered with full intelligence."

RECIPROCITY IN MEDICAL REGISTRATION.

In another column will be found a letter from the President of the College of Physicians and Surgeons of Ontario, which requires more than a passing notice. We are sorry to trouble our readers with any further discussion of a subject which has already been pretty well ventilated in these columns, but as there are one or two points which do not appear to be properly understood, we venture to return to the subject once more.

The President seems to think that we take every opportunity of writing "hard things" about the Council, and that both Judge Hagarty and the LANCET speak of the institution with "undue severity." While we most respectfully disclaim all intention of either speaking or writing with what may be termed undue severity, we cannot refrain from commenting from time to time, on the acts of the Council when they are of such a character as to call it forth. The Council has at times seemed so obstinate and so disposed to go headlong into difficulties, despite the advice and entreaties of some of its best friends, that it is not to be wondered at, if those friends should become a little disgusted and say things which may appear rather harsh. To give a few instances, we might refer to the continuance for years of the vicious system of appointing the examining board from among the members of the Council, in spite of the remonstrances of the LANCET and the profession; the illegal exclusion of a duly accredited representative of the Council, involving unnecessary and expensive litigation; the refusal to register a Canadian graduate with British qualifications and registered in the medical register of Great Britain, also involving great expense, all to no purpose; the passing of a by-law which they were told was *ultra vires*, and the attempt to enforce it, compelling practitioners registered in the medical register of Grest Britain to pay a fee of four hundred dollars for registration in Ontario; a *second* attempt to prevent the registration in Ontario of practitioners with British qualifications, (Drs. Mallory and Skirving); the constant tinkering with the curriculum, and rules and regulations, until "confusion was worse confounded" —all this unnecessary and inexecusable blundering (chiefly caused by the manipulations of two or three members of the Council who arrogate to themselves the right to rule in everything,) has done more to bring the Council into disrepute than all the "hard things" ever said by Judge Hagarty or the LANCET.

The reference by the President to the Law Society does not improve his position. Law and medicine are widely different; no practitioner of law in England could practice here until he had

read up the statutory law of Canada, so that he is obliged to spend a year in the study, and pass an examination before being admitted to practice. Besides, the Imperial Act respecting Barristers and Attorneys gives them no right, for obvious reasons, to practice in the colonies; while on the other hand the Imperial Act relating to medicine (which is cosmopolitan in its nature) gives practitioners the right to practice in any part of her Majesty's Dominions. The Imperial Act of 1858 (21 & 22 Vic. cap. 90,) which was in force at the time when the College of Physicians and Surgeons of Ontario was established, and when the Confederation Act was passed, gave to registered British practitioners the right to practice throughout the Queen's Dominions. The Imperial Act of 1868 (31 & 32 Vic. cap. 29,) relaxed the law in favor of the Colonies, by giving the colonial legislature power to enforce registration upon all registered British practitioners practicing in the Colonies, but did not otherwise interfere with the rights of those practitioners. The President speaks of the "galling inequality which may result" from the admission of registered practitioners from Great Britain, to practice in Ontario. We fail to see any inequality; the preliminary requirements and professional curriculum of the medical colleges in Great Britain are quite equal, if not superior to those of the Ontario Medical Council, and the examinations are by no means easy, as may be seen by the large numbers rejected at each sitting by the examining board. It is true that a person may be registered in the British medical register for a medical or surgical qualification alone, but the Parliamentary counsel of Great Britain has stated his opinion that registration in Ontario will not entitle the possessor of a surgical qualification to practice medicine, or the holder of a medical qualification to practice surgery, inasmuch as under section 31 of the Medical Act of 1858 he is only entitled to practice according to his qualification. Besides, the bill now pending in the British Parliament proposes to place this beyond dispute, by requiring a double qualification for registration. It also proposes that holders of Ontario qualifications entitling to practice here, shall be registered in the British Medical Register, and thus be able to practice under their Canadian diploma throughout Her Majesty's Dominions. The President of the British Medical Council has also expressed his determination to procure equal privileges for all who are equally deserving.

The Medical Council of Ontario seems to forget that its chief business is to raise the standard of medical education in Canada, and to protect the public against the pretensions of incompetent practitioners, and not to irritate and harass duly qualified British graduates who seek a home in the Colonies, or Canadians with British qualifications, who have spent longer time and larger sums of money than the majority of their brethren in Canada, in order to qualify themselves more effectually for the practice of their profession.

From its past actions, and from the tone of the President's letter, we cannot bring ourselves to believe that the Council really desires to obtain reciprocity in medical registration between Canada and the Mother Country, for such a policy as has been adopted can only tend to provoke a spirit of bitterness, and prompt to retaliation instead of reciprocity.

We regret very much that we have been obliged so frequently to differ from the views of the Council, and to appear to place ourselves in antagonism to that body, for, notwithstanding its shortcomings, it has done, and is doing, good service to the profession in Ontario, and we are desirous of upholding it to the utmost in what we believe to be right. We still have hopes that wiser counsels will prevail, and that with the infusion of new blood into the Council, and the removal of some of the firebrands, on whose shoulders may justly be laid many of its sins, it may enter on a new and brighter era, and that its future career may never be clouded with any serious difficulties.

Healthy Exercise for Girls.—An exchange says: "The present is a specially suitable time to urge upon parents, and managers of schools, the absolute necessity of regulated physical exercise for girls. With this, health will not be sacrificed, even by the claims of increased study. There is no fear that healthy exercise will make girls "unladylike." It is not so long ago as to be beyond the recollection of middle aged people, that there was a time when a certain amount of chronic illness was considered ladylike. To be obliged to lie down for part of every day, to be incapable of any but very slight muscular exertion, to be liable to fainting fits and hysterical attacks with any or with no sufficient cause,—all these were thought to be marks of delicacy then deemed proper to be

possessed by a lady. Fortunately this state of things has now passed away. Ladies who can walk well and enjoy their walks, and who are active, strong and healthful, are not uncommon among us, and healthiness is a standard largely recognized as one to be aimed at." One would almost believe, on looking out among the simpering misses and miserable weakly forms of our modern girls, that physical debility were even now at a premium, whereas let us see healthy, bouncing girls, with good digestion, hearty laugh, energetic and sprightly walk, and those who are never ill when they can help it, and then only for good reason. Such women we want to be the future mothers of our race, not miserable, dying, whining good-for-nothings, whose whole body, soul and spirit are as abnormal as possible.

Another "Delicate" Surgical Operation. —"An interesting and delicate surgical operation was recently performed in Jarvis, Ontario," so says the local newspaper. The patient had a large collection of pus in "his left chest, compressing and destroying the left lung, and displacing the heart entirely to the right side. The only chance for life consisted in removing the fluid—an operation of great danger and frequently attended by instant death. On the 13th ult., Dr. Langrill with a newly invented instrument, called an aspirator, removed thirty-nine ounces, and on the 17th, thirty-seven ounces more. On the 24th he introduced a large tube, after which the matter drained away." Wonderful!! Yet the Dr. has "hopes of this man's recovery!"

The erudition of some of our country editors has frequently astonished us. When their city brethren of the press attempt any writing of this sort, they are certain to bungle it, but not so with their confreres in the towns and villages. They appear to know the difference between the *right* and *left* chest; the effects of *compression* causing *displacement* and the like, quite as well as some of the members of our own craft.

Indian Rose Pad.—A correspondent calls our attention to a most flagrant case of quackery by one who claims to be a member of the Royal College of Surgeons and Licentiate of the Apothecaries Hall, London, Eng. The person referred to as the manufacturer of the Indian rose pad—a remedy for "all the ills that flesh is heir to"—is Dr. J. Young of Kingston, Ont., and believed to be the same person who formerly resided in Kinburn, Ont. It is much to be regretted if any regularly qualified medical practitioner has so far forgotten what is due to himself and the position he occupies as to be guilty of so flagrant and contemptible a piece of charlatanry. We have called the attention of the authorities of the Royal College of Surgeons to the case, and we trust they will so deal with it, as to relieve the college from any further disgrace in connection with this matter.

Public Prosecutor.—Detective Smith, who has been instituting proceedings against unregistered practitioners in different parts of the Province, called upon us to day in reference to the letter signed "Fair Play," in last issue. He states that he is not employed by the Council to prosecute unregistered practitioners, but is acting upon his own responsibility; all that the Council has promised to do is to hand over to him the fines, which can only be collected in the name of that body. He also states that he visited the Eastern Counties, and fined several persons for practicing without a license, but as he was unable to collect the fines, he could not pay expenses, and had to give it up. He has done the best he could under the circumstances, and does not consider himself to blame in the matter.

Another Important Decision.—James Skirving, M.D., &c., of the County of Oxford, Ont., a duly registered British practitioner of medicine, was twice convicted before a Justice of the Peace for practicing medicine contrary to the Ontario Medical Act, and ordered each time to pay a fine of $25 and costs. He appealed, and the case was argued before the Judge in the General Sessions of the Pleas, in the County of Oxford in June last. Both convictions were quashed with costs, and the Judge said he had come to that conclusion without any regret, as he thought the appellant (who had done his utmost to secure his rights to registration from the Ontario Medical Council) had been harshly dealt with.

Wonderful Surgical Operation.—We commend the following from the (*New Era*), Texas, to some of the medical practitioners in the country who are fond of writing up sensational items concerning "skilful operations" for the local press.

"A boy at Weatherford was suffering from an obstruction of the windpipe, from which he nearly died before his parents would suffer him to be operated upon. It was the intention of the attending physician to have operated before death, but he did not arrive in time. When he did come the operation was at once performed, and the boy resuscitated. He is now living and will recover." A doctor who can raise the dead ought to drive a fine trade in a State like Texas, where sudden demises are the rule.

Heat a Destroyer of Contagion. — Bed clothing and mattrasses are best disinfected from the contagion of small-pox, diphtheria, and scarlet-fever by a protracted exposure to a high degree of heat, in a properly constructed chamber, apartment, or oven. The virus or transmissible principle of scarlet fever is destroyed when subjected to a temperature of 203° F. for two hours. In this connection we note the following results of some experiments by a French physician. He took the underclothing worn by four children while sick with the scarlet fever, and after heating them, as stated, caused four of his own children to wear them for several days. None of the children contracted the disease.

The Advertising Medical Practitioner.—The following extract is from the third section of the Code of Medical Ethics, recommended by the American Medical Association, and adopted by the Canada Medical Association :

"It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand-bills, inviting the attention of individuals affected with particular diseases ; to publicly offer advice and medicine to the poor gratis ; to promise radical cures; *to publish cases and operations in the daily prints, or suffer such publications to be made;* to invite laymen to be present at operations; to boast of cures and remedies ; to adduce certificates of skill and success ; or to perform any similar acts ; these are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

Chlorine Water.—This may be extemporised for ready use as follows,—put 60 grains finely powdered chlorate of potash in a strong pint bottle, pour upon it two drachms of strong muriatic acid, close the mouth of the bottle until the violent effervescence ceases, add one ounce of water and shake well, add another ounce and shake again, and so on until it is filled—keep in a dark place and tightly corked. One or two tablespoonfuls may be taken frequently according to age ; an adult may take a pint in 24 hours. This is not the chlorine water of the pharmacopæ, but is as good for medical use. It is used in scarlet fever, diptheria, chronic affections of the lungs, throat, &c.

Treatment of Diphtheria :—Dr. Frickelton, of Fort Yale, B.C. (formerly of Ontario), gives the following treatment of Diphtheria, which has been very successful in his hands.

℞ Pot. chlor., ℥j.
Acid Hydrochlor., dil. ℥ij.
Tr. Ferri. Mur. ℥iij.
Aquæ, ad. ℥ viij—M.

Sig.—A teaspoonful every three hours—No fluid to be taken with the medicine, nor within fifteen minutes after taking it. As an application to the throat in severe cases, he uses one part tincture of iron to two of the above mixture, applied with a swab. If the fever is very high he adds tincture of aconite to the mixture.

Milk as an Antidote to Lead Poisoning. —A singular fact is given in the *Journal de Mèdicine* of the effect of the habitual use of milk in white lead works. In some French lead mills it was observed that, in a large working population, two men who drank much milk daily were not affected by lead. On the general use of milk throughout the works the occurrence of lead colic ceased. Each operator was given enough extra pay to buy a quart of milk a day. From 1868 to 1871 no cases of colic had appeared.

Carbolic Acid Spray in Coughs, Asthma and Chronic Catarrh.—The inhalation of carbolic acid spray of a strength of 5 per cent. is now being used with advantage in coughs, bronchitis, &c. It is believed by some to be an absolute cure for all inflammations of the mucous membrane of the nose, throat and lungs, and produces the desired effect by being brought into direct contact with the parts affected.

Medical Baronets.— There are six baronets in the medical profession of London, Eng.,—Sir Wm. Gull, Sir Wm. Jenner, Sir J. paget, Sir Thos. Watson, Sir G. Burroughs, and Sir Henry Thompson.

Reports of Societies.

COUNTY OF OXFORD MEDICAL ASSOCIATION.

This body held its third annual meeting at Woodstock, Ont., commencing at 1 p.m., on Thursday, January 8th. The following members were present:

Drs. Williams, McKay, Scott and Walker, of Ingersoll; Turquand, MacKay, Swan and Hill, of Woodstock; Brown, Beachville; Burkhart, Thamesford; Clement, Innerkip; Sutherland, Norwich; Balmer, Princeton; Secord, Bright. Dr. R. M. Bucke, Superintendent of the London Asylum, was also present.

The retiring President, Dr. Williams, read "The Annual Address, which was well received. The doctor reviewed the history of the Association, and referred at some length to the advantages flowing from such Associations, whether viewed socially or professionally.

A paper on the use of "Hot Water in Restraining Post Partum and other Hemorrhages," was read by Dr. L. W. Swan; and another on "Eclampsia," by Dr. H. M. MacKay, both valuable contributions, eliciting interesting and instructive discussion.

The following officers were elected for the ensuing year: President, Dr. L. H. Swan; Vice President, Dr. A. McKay; 2nd Vice-President, Dr. W. Clement; Secretary-Treasurer, Dr. H. M. MacKay.

At this stage of the proceedings it was announced that Mr. Warner, of Toronto, had kindly invited the Association to inspect the organ that he had just finished putting up in its place in the new Episcopal church. After some routine business, the meeting adjourned to meet at Ingersoll on the second Thursday in April.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The annual meeting of the Hamilton Medical and Surgical Society was held on the 6th instant. There was a large attendance and considerable interest manifested. After routine business, the following were elected officers for 1880.

Dr. Malloch, President; Dr. Locke, Vice-President; Dr. Woolverton, Secretary-Treasurer, re-elected. A vote of thanks was tendered the Secretary and retiring officers.

Dr. Mills presented a full-time fœtus, which at birth made an effort to breathe, but "perished in the attempt." On examination, there was found a hernia of the diaphragm, permitting the greater bulk of the intestines to gravitate into the right chest cavity. A part of the liver was found almost separated by the constricting diaphragmatic band, also lying in the chest cavity. The other appearances were comparatively normal, except a condition of the hands, which were bent upon the wrist, similar to what is seen in club-foot.

Dr. Mullin then read a paper on "Malarial and Typhoid Fevers." He referred to the descriptions given by Flint and Aitkins, of simple continued fever, called also febricula, the temperature suddenly rising to 4°, 5°, or 7° above the normal, lasting 24 to 36 hours, and then generally falling rapidly, though in some cases the decline is more gradual, not attaining the normal for several days. He pointed out that malarious fevers corresponded with this in the sudden rise of the temperature, at the outset, and that the elevation was generally much higher on the 1st or 2nd day after the disease than is ever found at such an early stage in typhoid. He noticed the fact that sometimes in a case of intermittent fever, the intermission might not be well marked, and referred to a case falling under his observation, when for the first four days there was severe gastro-intestinal derangement, upon the control of which the intermittent form of the fever was apparent. The writer expressed his belief that remittent fever may have occurred in former times in this locality, when malarious influences were more potent, as it is now said to occur in some very malarious parts of the country; but it is quite probable that cases of typhoid, running perhaps an irregular course, are often improperly designated bilious or remittent fever. He referred to the description given of remittent fever by various writers, who showed that this form of fever resulted from more intense malarial action and was consequently of more severe form than an intermittent, hence the forms of fever occurring in this locality, extending over a period of three weeks, and not attended with a high temperature, and but little influenced in their duration by quinine, could not be properly called remittent. He gave a brief account of several cases, some of which were isolated, others occurred in families, in which at the same time, cases of typhoid fever existed, attended with the usual complications.

He gave some particulars of one case, where the temperature at no time reached a high degree, and the case seemed to be progressing favorably, until at the end of the second week thrombosis occurred in the left femoral vein, followed in about ten days with the same in the right thigh, afterwards there was inflammation of both parotid glands, and the case ended fatally in the sixth week.

He pointed out that malarial fevers occurred to the greatest extent in the spring and summer months, while these forms of fever prevail from August to the close of the year, and that while cases of malarious fever are sometimes seen in which the temperature did not rise to a very high degree, these differed from the mild cases of typhoid, in being readily cut short by quinine. He also pointed out that typhoid fever, in some cases, ran a mild course for a time, and then presented some of the severe complications, cases sometimes ending fatally, when the patients, in the early part of the illness, visited the offices of physicians, under the impression that they were suffering from dumb ague.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The following is a resumè of the Society's proceedings during the year ending Oct., '79:—Meetings held during the year, 23; average attendance, 19; pathological specimens exhibited, 68; new members, 14.

The following papers were read before the Society during the year:

Dr. Hingston, "Inflamed Joints;" Dr. Roddick, "Cases Treated by the Thermo-cautery;" Dr. Ross, "Acute Spinal Paralysis;" Dr. Trenholme, "On the Hodge Pessary in Retroflected Uterus;" Dr. Hingston, "Excision of the Shoulder;" Dr. Kennedy, "Extra-Uterine Gestation;" Dr. Bessey, "Animal Vaccination;" Dr. Buller, "Eserine;" Dr. McConnell, "Ichthyosis Hystrix;" Dr. H. Howard, "Responsibility and Irresponsibility in Crime and Insanity;" Dr. Osler, "Two Cases of Rare Kidney Tumor;" Dr. Alloway, "Tracheotomy in Laryngeal Diphtheria;" Dr. Oakley, "Pneumonia;" Dr. F. W. Campbell, "Whooping-cough Treated by Quinine;" Dr. H. Howard, "Some Practical Remarks on the General Treatment of the Insane;" Dr. A. L. Smith, "Chorea;" Dr. Rodgers, "Softening of the Brain;" Dr. R. Macdonnell, "Three Cases of Malignant Disease;" Dr. Hingston, "Sewer Poisoning;" Dr. Osler, "Demonstrations of the Medical Anatomy of the Brain;" Dr. Finnie, "Chronic Ulcer of the Stomach;" Dr. Reddy, "Pneumonia followed by Embolism of the Right Femoral."

The President, Dr. Henry Howard, congratulated the Society upon the progress it had made during the past year, and said, "We have the right to hope that we will do more in the future. Let us be only true to ourselves and we have nothing to fear,—true to ourselves, 'and it must follow as the night the day we cannot then be false to any man.'"—*Can. Med. Record.*

MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting of this board was held in Lansing on Tuesday, October 14th, 1879, a full Board being present. Dr. Baker presented the request of the recorder of Caro, Tuscola county, that he visit and examine into the sanitary condition of the place, and the cause of the spread of diphtheria. The board ordered the secretary to comply with the request, if the village authorities pay the expenses of the trip, as the small appropriation made by the Legislature to the board is exhausted.

A communication from Dr. O. Marshall of Lansing, was read, relative to diphtheria in the township of DeWitt, Clinton county. A map accompanied this paper, showing the number of cases and the deaths at each house, and the order of occurrence of cases; the paper also showed the methods by which the disease was communicated from one person to another. He was able to trace such communication in nearly every case.

The secretary, Dr. Baker, read a report of a fatal case of acute glanders, reported by S. P. Duffield, M.D. A young man residing in Wayne county purchased a horse in Detroit, afflicted with glanders. The young man took the disease from the animal and died a horrible death. The secretary read a report of a similar case occurring in Troy, Oakland county, reported by Dr. J. A. Post. He also read an abstract of a paper on the subject of glanders, mentioning other cases which have been reported to the board. This paper embodied a description of the disease, the methods by which it is communicated, suggestions for its prevention by means of a prompt report of cases, the isolation of animals or persons afflicted, the destruction of animals, disinfection of surroundings etc.

Dr. J. H. Kellogg read a report on "Sanitary Protection Associations in Cities and Villages." He presented strong arguments for a sanitary association in every city and village in the State, which shall coöperate with the local boards of health, wherever possible, and secure action when they are inefficient.

Sanitary Conventions.—Drs. Hitchcock and Lyster, of the special committee, reported details of a plan for a sanitary convention on Jan. 7th, and 8th, at Detroit, and one at Grand Rapids during the month of February, 1880.

The following articles have been added to the exhibit in the office of the board, namely, an Ely sewer stench trap for use on street-corners, manufactured by A. Ely, 110 West Avenue, Rochester, N Y.; a Parmenter's air-moistener, and a furnace air-moistener, manufactured by J. W. Parmenter, 15 Murray St., New York; and a sample of a new disinfectant called Little's soluble phenyle, for sale by T. W. Lawford, 10 S. Holliday St., Baltimore.

Dr. Lyster, special committee on proposed examinations by this board in sanitary science, reported a plan. Dr. Baker proposed some slight modifications, and the plan was adopted. It contemplates the examination and granting of certificates to such persons as sustain an examination showing them qualified to act as health officers. The first examination will be held in July next.

Books and Pamphlets.

The Pathology and Treatment of Venereal Diseases.—By Freeman J. Bumstead and W. Taylor. Fourth edition. Revised and enlarged. Philadelphia: Henry C. Lea. Toronto: Willing & Wiliamson.

We have perused this new edition of the most exhaustive work on the subject in our language, with great satisfaction, and feel desirous of presenting our subscribers with as extended an analysis of its valuable contents as our space will permit. The preface informs us that the reader will find rather a new work than an old one revised. Entirely new chapters have been written to include the contributions to our knowledge of venereal extension to tissues, which but a few years ago were supposed to be exempt from the ravages of the disease, *e. g.*, brain and nervous system. Containing 131 pages more than the last edition, with a reduced size of type, the volume is estimated to contain about one-half more reading matter than its predecessor. An introductory chapter presents us with a comprehensive review of the history of venereal diseases, referring to the 15th chapter of Leviticus for evidence of the existence of gonorrhœa from the earliest times; to Hippocrates, Herodotus and Celsus for a description of it among the Greeks and Romans. An ulcer of the genitals identical with that now known as chancroid is described by nearly all the Greek, Latin and Arabian writers on medicine—but the opinions of some authors, especially Cazenave, that these were instances of primary syphilis and not chancroids, are inadmissible, as there is no clear record of the general symptoms of syphilis prior to the year 1494, when it first made its appearance in Italy among the soldiers of Charles VIII., King of France, who at the head of a large army took possession of the kingdom of Naples. Mutual recriminations occurred between the natives and the invaders respecting the origin of the malady, the French calling it the "Malade Naples," and the Italians ascribing its origin to the French, calling it the "French disease." Professor J. Jones, in an article in the *Medical and Surgical Journal* of New Orleans, June, 1878, endeavours to demonstrate its existence among the aborigines of this country from skeletons found in ancient burial places in Georgia, Tennessee, Mississippi and Louisiana the bones being thoroughly diseased, enlarged and thickened, medullary cavity completely obliterated, and surfaces eroded—not confined to tibial shafts, but unmistakable traces of periostitis, ostitis, caries, sclerosis and exostosis of bones of cranium, face, fibula, ulna, clavicle and sternum. Dr. Bumstead concludes the subject of the origin of syphilis in the words of Voltaire: "La verole est comme les beaux arts, on ignore quel en a été l'inventeur."

Part I. is devoted to gonorrhœa and its complications in males and females.

Part II. Chancroid—peculiarities dependent on seat, complicated with phagedena,—with syphilis,—simple and virulent bubo.

Part III. Syphilis—nature of—initial lesions of—special indications—induration of ganglia—state of the blood, cachexia—influence on constitution, on diseases in general. Secondary and tertiary affections, of nervous system, of muscles, bones,

hereditary syphilis, affections of placenta—treatment of syphilis, etc.

Dr. Bumstead's contributions to the literature of syphilis are so eminently practical and valuable to those who prefer facts to theories, so free from transcendental speculations and extravagant views, therefore adapted for every day practice, that in our desire to increase the number of practitioners who have enjoyed the perusal of his former editions, we place before our readers a more lengthened synopsis of this fourth edition than the limits of our journal warrant. A more useful work on the subject has never issued from the press of this continent. The paper and type are all that can be desired, the binding neat and substantial, and the illustrations, one hundred and thirty-eight in number, admirably executed.

THE AMERICAN CYCLOPÆDIA OF DOMESTIC MEDICINE AND HOUSEHOLD SURGERY. By S. P. Ford, M. D., Norwood, Ont. Chicago: E. P. Kingsley & Co.

There is much to be said both for, and against the placing of books of this kind in the hands of the laity. The book before us, however, contains not the slightest tinge of quackery or charlatanry; in fact the author has taken every opportunity to condemn such things in unqualified terms. The subjects touched upon are brought down to the most recent date, and are made to conform to the works of our standard scientific authors. The information given is of the most reliable character, and well calculated to convey valuable instruction to the masses. It is by far the best popular treatise of the kind ever offered to the public.

(1) ADVICE TO A WIFE ON THE MANAGEMENT OF SOME OF THE COMPLAINTS INCIDENTAL TO PREGNANCY, LABOR AND SUCKLING.—By P. H. Chavasse, F.R.C.S., Eng., Birmingham. Twelfth edition.

(2) ADVICE TO A MOTHER ON THE MANAGEMENT OF CHILDREN.—By the same author. Thirteenth edition. Toronto: Willing & Williamson.

These works have had an immense sale both in Europe and America. The reason of this is that they meet a real want, and contain an invaluable fund of useful information to every wife and mother. The Canadian edition by Messrs. Willing & Williamson cannot fail to have a large sale. Every woman who is a mother, or expects to be, should have one or both of these books.

THE CANADIAN ILLUSTRATED NEWS FOR 1880.—This journal is improving very fast and is well deserving of support by Canadians. The Canadian Portrait Gallery, now over three hundred, is a leading feature in the journal, and the only series of the kind attainable in Canada. The illustriations are well executed and the literary papers are all of a first class order. We commend this interesting and useful paper to our readers. We will supply it to subscribers of the LANCET for $3 per annum; renewals $3.50.

WE desire to call the attention of our readers to the advertisement of Mr. Shuttleworth to be found on another column. Mr. S. formerly occupied the position of lecturer on pharmacy in Victoria Medical College and has been the Editor of the Canadian Pharmaceutical Journal for the past twelve years. He intends to confine himself entirely to pharmaceutical products avoiding all nostrums, and has therefore strong claims upon the support of the medical profession which he merits and we have no doubt will receive.

BRITISH QUALIFICATIONS.—The following gentlemen have successfully passed the examination of the Royal College of Physicians, and were admitted licentiates of that body. Thos. H. Ashby, M.D., (Trinity College), F. S. Greenwood, M.D., and J. W. Wright, M.D., (McGill College).

CORONERS.—The following gentlemen have been appointed coroners for their respective districts. W. E. Smith, M.D., St. Thomas, Associate Coroner for the county of Elgin.

J. White, M.D., and E. O'Neil, M.D., of Hamilton, Associate Coroners for the city of Hamilton.

APPOINTMENTS.—Dr. McRae, has been appointed Medical Health Officer of the city of Ottawa.

Births, Marriages and Deaths.

In Chatham, on the 7th ult., A. E. Mallory, M.D., L.R.C.P., and L.R.C.S., Ed., of Warkworth, to Fannie Q. Waddell, youngest daughter of the late John Waddell Esq., of Chatham.

In Kingston, on the 7th ult., J. McArthur, B.A., M.D., of London, Ont., to Augusta M., only daughter of C. Wright, Esq., Kingston.

At his residence, Maple Ont., on the 13th ult., Oliver Rupert, M.D,, aged 44 years.

At Pugwash, N.S., on the 25th ult., Dr. Joseph Clarke, accidentally, from an overdose of carbolic acid.

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Original Communications.

ECLAMPSIA, OR INFANTILE CONVULSIONS.

BY H. M. MACKAY, M.D., M.R.C.S. ENG., L.R.C.P. ED., WOODSTOCK, ONT.*

The spasms peculiar to infants are tetanus infantum, internal convulsions, chorea, and eclampsia or acute epilepsy. There is a difference of opinion as to the best name for infantile convulsions. Nothnagel uses eclampsia, restricting it to such cases as are similar to the true epileptic attack; some authors prefer the term epileptiform convulsions, others acute epilepsy. Smith, of New York, regards eclampsia "as being synonymous with clonic convulsions, sometimes general and sometimes partial, which affect the external muscles."

In the following paper, for convenience sake, I will use the term "Eclampsia," and in the latter sense. It is impossible for the physician to have an intelligent apprehension of the nature or treatment of a single case of any kind of convulsions, without first possessing a somewhat general knowledge of spasm and its nature, to understand the particular, without an acquaintance with the general.

I purpose to begin with a general consideration of the subject of spasms. Finding no authority pronounce definitely on spasm and its nature, but many who advance theories and conjectures which, however untenable future investigation may prove some of them to have been, are landmarks and beacons for the guidance of other enquirers. Now if you will bear with me, I am going to indulge in a little theorizing; not that I have discovered any new facts, but because a few generalities will enable me the better to introduce the conclusions to which a consideration of the subject has led me. I believe that all abnormal reflexes—as trembling, shivering, formication, chill, rigor, subsultus, chorea, eclampsia, epilepsy, etc., are the same in kind and differing from each other only in degree, the character of each depending upon the existing cause and the condition of the nervous system. We know that ordinary excitements affect persons very differently, one trembling and shivering from a trivial cause, while another resists and ignores much severer exposures. Two individuals, well, and apparently equally vigorous, become suddenly violently alarmed; one is affected with a temporary fluttering at the heart, while the other has an epileptic fit and is ever after an epileptic.* Taking epilepsy as the type of spasm, for there seems to be more written on it than on any other nervous disorder, we find high authorities declaring it to be a definite disease, having its point of departure, the "convulsion centre," situated in the pons and medulla oblongata. Nothnagel writes, "that the circumscribed spot from which the whole body of the voluntary muscles may be thrown into tonic and clonic spasms through reflex excitation is to be sought for in the pons." Nevertheless he agrees with Hughlings Jackson, writing in 1879, "we have not yet discovered the cause of epilepsy in any sense of the word cause." He also says, "when we turn to the principal question, In what does the essence of epilepsy consist? what are the morphological changes underlying it? "The answer to this must, unfortunately, even at the present day, prove very inadequate." He further adds, "Schroeder, Van Der Kolk, Brown-Sequard and Reynolds have already expressed themselves to the effect that we have to deal with an 'increased irritability' of the reflex nervous centres situated in these sections, an opinion in which we thoroughly agree; but we are certainly in the dark as to the influences which induce this exaggerated excitability." It is also urged, nay, demonstrated, that cerebral anæmia stands in a definite relation to epilepsy. The following are among the proofs: that depressing influences predispose to convulsions; that animals bled to death die of convulsions. In rabbits, ligature or compression of the arteries of the neck produces convulsions. Electricity applied to the cervical ganglia of the sympathetic produces convulsions by contracting the arterioles and inducing anæmia of the brain. So

* Read before the County of Oxford Medical Association, at Woodstock, January 8, 1880.

* This has been corroborated by actual fact in the case of the Queen of Spain, since this paper was written.

we find two apparently opposite conditions assigned as factors in causing convulsions, "increased irritability" on the one hand and lowering and depressing influences on the other, *i. e.*, the reflex excitability, the inhibitory force that controls reflex action, or both, may be at fault. The brain is not at fault more for producing than for not preventing the spasmodic seizures. If I may use a familiar illustration: we see a man driving a spirited pair of horses; if the horses are manageable and the man a competent driver, all goes right, both conditions are necessary to safety; but let some surprise suddenly excite the horses or disable the driver, or both, then the probability is that the result will be disastrous. In the same way, sudden causes which excite unduly reflex action and depress the inhibitory or controlling force, prepare some of the conditions necessary for an abnormal shock. The nervous system may be compared to complicated machinery employed in some delicate manufacture and propelled by a powerful engine; when everything is in order the machine glides smoothly and harmoniously, each part moving in the performance of its function without a jar or hitch, as if it could not do otherwise; but once let a part become confused or entangled, and the accumulated force of the engine soon does mischief, unless it is immediately put under control. When all is right, the counterbalancing resistance of the function performed steadies and holds in check the power; but once disturb or remove that and it becomes an engine of destruction, instead of construction. It is the same power that was before doing good, that is now doing mischief.

In health the vital energy is under control. There is a reserve of resisting power, not constant, but varying in quantity, in different individuals and under different circumstances. I need not multiply instances to show how persons, who are in vigorous health, can resist almost anything—as worry, pain, hunger, cold, malaria, etc., and seem to know no fear, while at other times, when under the influence of some depressing cause or causes, or in other words unnerved, they find themselves helplessly at the mercy of such influences. Infants are more impressible and have less resisting power than adults; having less mentality, and a more active organic system, they are more sensitive, being more under the influence of the sympathetic or emotional nervous system. Now assuming that there is a definite "convulsion centre" and that increased reflex irritation, with depressed inhibitory or resisting power tends to produce partial or general spasms, I will proceed to a consideration of those convulsions more frequently occurring in infancy.

Dr. J. Lewis Smith of New York, to whom I am indebted for many of the facts in this paper, adopts the following divisions of eclampsia;—essential, symptomatic, and sympathetic. Essential, when there exists no appreciable cause which gives rise to the attacks. Example, a child dies in convulsions from fright. Symptomatic, when there is disease of the brain or spinal cord. Sympathetic, when it arises from disease elsewhere, as from pneumonia, teething, worms, &c. Now I believe that all cases of eclampsia may be regarded as sympathetic, and all the causes referred directly to the sympathetic nervous system. Take Smith's case of essential eclampsia; a child died of convulsions caused by fright. In the child fear is not a mental process, neither a rational nor intrinsic apprehension or recognition of danger; but purely an emotional excitement acting through the sympathetic, producing contraction of cerebral arteries —anæmia of the brain, and hence convulsions. His symptomatic division may also, in my opinion, be referred to the same class. Dr. G. Johnston, King's College Hospital, London, writing in reference to the convulsions which occur in almost every case of acute apnœa or sudden suffocation, says: "It is generally supposed that the convulsions of apnœa are excited by the circulation of black blood through the brain; but they are more probably due to the rapid and extreme anæmia of the brain consequent upon the impeded transit of blood through the lungs. That this is the true explanation of the convulsions of apnœa is rendered highly probable by the observation of Kussmaul and Tenner to the effect that the convulsions of apnœa in strangulation can be accelerated if the arteries are simultaneously compressed. It is obvious that if the presence of black blood in the brain were the cause of the convulsions, their approach would be retarded, and not accelerated by compression of the arteries which supply the brain. The facts are consistent only with the theory that the immediate cause of the convulsions in case of suffocation is a rapidly increasing cerebral anæmia resulting from the arrest of the pulmonary circula-

tion." Black blood, in so far as it is deficient of oxygen is equivalent to no blood at all. Uræmic and all convulsions arising from poison in the blood, as the exanthemata, scarlet fever and small-pox, &c., are explained as resulting from anæmia of the brain, caused by arterial spasm excited through the sympathetic by the presence of morbid blood. The so called symptomatic convulsions from cerebral diseases are, I think, on the same principle due to irritation in the brain caused by its own disease and exciting to reflex action through the sympathetic. That the sympathetic does exercise control over the circulation is proved conclusively by Claude Bernard's experiments, showing that division of the cervical sympathetic produced dilatation of the vessels of the head and neck on the side operated on, while on the other hand electrical irritation of the peripheral end of the divided sympathetic causes the previously dilated vessels of the head and neck to contract.

Amongst the causes of convulsions occurring in infants are the following ;—all cerebral diseases, changing of milk in the nursling as when produced by violent emotion of the mother, as anger, fright, grief, the use of acescent or indigestible food, or derangement in the health ; a case is recorded where the catamenia so affected the milk that the infant was seized with convulsions at each monthly period ; fruit, when taken unripe or in undue quantity especially currants, raisins, cherries, and strawberries ; constipation, worms, dysentery and dentition. The above enumerated causes are all located in some part of the digestive apparatus. Other causes are, all depressing influences, as violent emotion, unfavorable hygienic conditions, malaria, poison of eruptive fevers, &c. An excitable or impressible nervous temperament constitutes the chief predisposing cause. It will be noticed that the causes are divided into two classes, viz.: those that depress or lessen the inhibitory power, and such as excite or increase reflex action.

It is a question often asked, does eclampsia predispose to epilepsy? It is very probable that those who have suffered from convulsions in infancy have a tendency to epilepsy, partly as a result, but chiefly owing to the predisposition that led to the early convulsions. Bristowe, in his new work on medicine, writes : " It is certain that many of those persons who subsequently became epileptic have suffered in infancy from convulsions which were induced by teething or other accidental circumstances." Nothnagel says, " I cannot get rid of the idea that were the process purely functional which was set up in the central parts at the time of the teething, convulsions may have furnished the impetus for the development of the epileptic change." Smith wrote : " Patients who seem to have genuine attacks of eclampsia in infancy and childhood prove to be epileptic in subsequent years."

Disturbances of the general health are upon the whole but rarely observed, and when present are often consequences of the original disease. The mind usually early betrays symptoms of being involved, as dulness, loss of memory, &c., which probably is in most cases due to trophic changes in the brain cells as the result of mechanical pressure from too frequent interstitial congestion. Eclampsia as regards prognosis may be divided into three classes—

1st. That in which the cause is easily and early removable.

2nd. That in which the convulsions have continued long enough to create in the system a convulsion habit, and which has developed into regular epilepsy, even after the original cause has been removed.

3rd. That in which the cause is permanent and irremovable.

In the first class the convulsions usually cease spontaneously on the removal of the cause.

The second class are amenable to such treatment as will break the spasmodic habit, the cause having ceased to operate.

The third class are as a rule incurable, and admit of but little benefit from treatment further than to hold the attacks in check for a time when they almost invariably return with accumulated violence, except where in rare cases nature has accommodated herself to the cause, as tumours, foreign bodies, &c., in the brain.

In the treatment of those sudden seizures, so alarming to the friends and distressing to the patient, there are two very important indications to be observed by the physician ; first to control the abnormal reflex excitability, and secondly to find out and remove as early as possible the exciting cause. If the latter is such as to be easily removable, the convulsions as a rule will cease with its removal ; but when it is otherwise, and the cause

is either not ascertained or of such a nature as not to admit of immediate removal, then such remedies should be employed as control reflex action as chloroform, ether, chloral, bromide of potassium, &c., to put as it were a splint on the nervous system, while an effort is made to allay the exciting cause and repair any mischief that may have been produced. A large majority of the causes of convulsions in children are situated in the digestive tract, so that it is always advisable to carefully enquire into the condition of the whole alimentary canal. If the gums are inflamed, as in teething, they should be lanced, indigestible food or other irritation, as whole currants, raisins, worms, &c., in the stomach and bowels should be got rid of, and the physician should carefully inspect the egesta for himself, for it is a great thing to be satisfied that he has discovered the true cause. Some one has said, with a good deal of truth I believe, "that the most successful practitioner is he who is continually looking into the pot." It is frequently noticed that the irritation of teething is accompanied with looseness of the bowels, and an erythematous condition of the rectum and fundus, and it has occurred to my mind as a query, whether or not this secondary irritation, and not the teething, causes the convulsions, for it is proverbial that the bowels are the seat of melancholy, and we know that nothing causes melancholy and low spirits more than hemorrhoids or disease of the colon.

I have simply indicated in a general way my idea of the treatment of eclampsia, and will not do more at present having already occupied a fair share of your time. At some future date, if agreeable to the association, I may take up the subject of treatment in detail.

CASE OF IMPERFORATE ANUS.

BY S. L. NASH, M.D., PICTON, ONT.

On November 19th, 1879, I was called to see a male child, a few hours old. Found the child well nourished, healthy and perfect in all its parts and functions, with the exception of an entire absence of the anus.

As there was no bulging about the anal region, I decided to wait twenty-four hours before operating. Visited the child next day in company with Dr. Dafoe, of Madoc, the patient then being thirty-eight hours old; active and healthy; nurses well; urine normal, and child to all appearance in perfect health; no bulging in anal region. I commenced the operation by making an incision one and one-fourth inches in length along the median line, from the coccyx nearly to the scrotum. I then carried the dissection backwards and upwards following the curve of the sacrum; by passing a probe in the urethra as a guide, I found it to approximate abnormally near the coccyx.

Although Dr. Dafoe and myself very carefully examined the region along the curve of the sacrum, posterior to the urethra and bladder, to the extent of two inches, we failed to feel anything like the distended gut.

The narrowness of the pubic arch, together with the close approximation of the tuber-ischii, forced us to use a probe, instead of the finger, for examination, as it was with extreme difficulty that the little finger could be introduced through the pelvic outlet. We carried the operation no farther, when we became satisfied that so much of the bowel was deficient that nothing would be gained by reaching it.

The child lived eighty hours, and before death passed with the urine by the urethra, a black fluid like meconium. A post mortem revealed entire absence of the rectum, the descending colon having a pouch-like enlargement one inch in diameter, occupying the ordinary site of the sigmoid flexure. This pouch was connected to the posterior part of the fundus of the bladder, by a small tube three-fourths of an inch long, by about one-fourth of an inch in diameter, admitting a small probe one line in diameter. The probe passed readily from the colon to the bladder, but could not be passed in the opposite direction, as there was a valve guarding the vesical orifice.

EARLY SEXUAL PRECOCITY.

(Translation from the Spanish of the "Enciclopedia Medico-Farmaceutica," of Barcelona).

BY J. WORKMAN, M.D., TORONTO, ONT.

The following details of a case of sexual precocity have been furnished by Drs. Codina, Pons, Planellas, Comet, Badia and Alborna, and under so respectable a sponsorship we may assume their full credibility.

"A female child was born on 7th September, 1877, in Lucca, in the province of Valencia; at the age of two months the mother observed a scanty leucorrhœa, which continued; the size of both mammæ promptly increased to the bulk of nuts, and continued to augment. At seven months the menstrual flow appeared, and returned regularly (lasting for three days) every lunar month, preceded by a leucorrhœal discharge. At the time of appearance of menstruation, there was a marked mammary activity, giving to the glands a rapid development. We should mention, besides, that the mons veneris, especially, and labia majora in a less degree, were covered with soft hairs; the voice became modified in key, and though no medium of expression except that of crying was at command, the sound of this had become more grave, completing the true picture of puberty announced in a manner so precocious."

The following is a description of the individual at the age of twenty months:—"She is of a sanguineo-lymphatic temperament and robust constitution. In the apparatus and functions of nutrition there is nothing abnormal. The first dentition has been completed, and she eats a quantity of food proportionate to her age, and digests it well. Notwithstanding numerous attempts made by the examiners to ascertain the exact rate of the pulse, they have been unable to do so more than approximately, in consequence of the impatience of the child, who prevented more than five pulsations being numbered at any time. The respiration and all other functions are quite normal, and the reparation of losses and the requirements of growth are perfectly accomplished, as the following figures will show:

Weight of body, 15 kilogrammes, = 23 lbs.
Height, 86 centimeters, = 34 inches.
Circumference of thorax, subaxillary, 56 centimeters, = 22 inches.
Major circumference of pelvis, 53 centimeters.
Do. ,, of the head, 49 ,,

The anterior fontanelle is still open. The sensibility and motility correspond to her age. She walks without support. The senses and their organs are quite sound, but as yet she has no other means of expression than sonorous crying. The organs and functions of reproduction are the only notable peculiarities."

The commissioners give a number of other details and measurements, which our readers might find more tiresome than instructive; they relate to the genital externals and the breasts and nipples, and may be left to the fertile imagination of those who find pleasure in such depictions. It is rather interesting to be finally informed by the commissioners, that in consequence of change of climate, the return of the menses had not taken place in the last month, and that the child was out of health at the time. We should not be surprised hereafter to learn that the "*vello de monte de venres*" has disappeared, or has, at least, lost its "*color rubio claro.*" The tardiness of speech arrival, in a girl, is ominous.

Correspondence.

A BAD CASE.

To the Editor of the CANADA LANCET.

SIR,—Believing that when any member of the profession is dishonored or injured in a public manner, that the whole body suffers, and when such is the case some of the best interests of the people are endangered, I have concluded to ask you to publish the following "skeleton" of a case, in the hope that it may assist in some way to agitate the question of reform and protection generally, which are much needed, and serve as a warning to the medical men of this county in particular. The case is a bad one and I trust is "endemic."

Suit was brought by A. Fleming, M.D., to recover fees for professional attendance, in the latter part of 1872 and first part of 1873, upon Mrs. Crowsen, afflicted with uterine disease. The writ was issued 19th October, 1874, and entered on the docket of Westmoreland County Court, for trial, December term, 1874. The case was tried at Dorchester, N. B., 10th May, 1876, Judge Botsford presiding. Dr. F. produced credentials and proved services rendered, etc., the lawyers going into all particulars of the disease and treatment.

Dr. Roberts, of Dorchester, testified that the charges were reasonable. For the defence, Mr. and Mrs. Crowsen swore that the Dr. made a contract, "No cure, no pay," and that the Dr. told them that he had "deceived and wronged them," and also that he had injured Mrs. C.'s health by the treatment. Dr. Wilson, of Dorchester, was next called by the defendant, who tried to prove malpractice. He had seen Mrs. Crowsen the last time, about "one or two months" before Dr. Flem-

ing was called. The next time he saw her was after Dr. F.'s attendance, and she was "very much prostrated generally." He (Dr. W.) gave no evidence as to her local condition before or after being treated by Dr. F., except that she had leucorrhœa before being treated by Dr. F. He never used instruments in such cases, but sometimes used injections. He also said that leucorrhœa might be a cause of disease of the uterus.

Rebutting evidence was produced for plaintiff. Several most respectable witnesses were called, who contradicted many of the defendant's statements, and also proved that Crowsen had frequently expressed himself well satisfied with Dr. F.'s treatment of his wife. Also two or three witnesses testified that they had employed Dr. F. in similar cases and were well satisfied, as his treatment was successful. Drs. Black, of Amherst, N. S., Chandler, of Dorchester, and Moore, of Sackville, N. B., swore that the treatment (instrumental and otherwise) described in Court was appropriate in such cases. The trial occupied six days, and a verdict for plaintiff was rendered. Defendant appealed, and although all reasonable means were used to get the case argued before the judge, it was not argued till 18th September, 1879; and on 9th December, 1879 (three years and six months after the verdict was obtained), an order was given by Judge Botsford for a new trial, on the ground that the "evidence brought by plaintiff to prove that his treatment was successful in other similar cases was inadmissible."

Should it not be the duty of a judge to look after the interests of both parties and guard the case by excluding irrelevant evidence as it is presented? If the law is such that a judge must decide as in this case, there is surely something wrong in the law itself, or such trifles could not properly overrule the spirit and intention of law, which is to secure justice. Is it of more importance to institute and sustain *forms in the law* than to execute *justice by the law?* Are not the complexity and convertibility of law crying evils of the present day? How often are gnats strained at and camels swallowed with the greatest ease! Is it usual when a doctor sues to recover his fees, for the defendant to plead malpractice, as in this case? If so, should evidence to establish the ability of the practitioner be ruled out, or, if admitted, admitted only to upset the legality of the prosecution? These are questions which it is well for the profession to consider.

You may think that in this case redress might easily be obtained, but surely the above particulars are far from encouraging any further effort and expense; for it took five years to get a legal decision (a very common occurrence in Westmoreland County Court), and the defendant has had several law suits since this case was entered. He is at present in litigation with his former witness (Dr. Wilson) and may have nothing left.

Yours faithfully,

ALEX. FLEMING, M.D.,
L.F.P.S., Glasgow.

Sackville, N.B., Feb. 2, 1880.

COMPLETE CONSOLIDATION OF ONE LUNG.

To the Editor of the CANADA LANCET.

SIR,—I have a patient (a little girl) under my care at present, in whom there is complete consolidation of the left lung from base to apex; wooden dulness from the clavicle to the base of the lung behind; no enlargement of the left side or displacement of the heart. She lies easier on the right than on the left side. She has been ill about a week or more. The greater part of the lung was solid when I was called in four days ago. The pulse was then 136; it is now 116 and treatment about discontinued. I had a similar case about four years ago; both cases were anæmic. They were treated with cupping and tartrate of antimony. The former recovered rapidly, and the present one no doubt will. These are the only cases of complete consolidation that I remember having met with. in thirty-five year's practice. I used to think that complete wooden dulness over one side would indicate effusion. The most striking and most readily noticed diagnostic sign is bronchial respiration with broncophony in consolidated lung.

JAMES LANGSTAFF, M.D.

Richmond Hill, Feb. 17th, 1880.

To the Editor of the CANADA LANCET.

SIR,—I desire to state in reply to the remarks in your journal for February, anent "another delicate operation," that I had not the slightest knowledge of the publication or *intended* publica-

tion of an account of the operation referred to till I read it in print.

If necessary to vindicate myself, I am prepared to prove that I neither wrote, dictated, nor even remotely suggested it. I attributed its authorship at the time to the editor who has studied medicine, but did not ascertain who the writer was till after reading your criticism. The use of the expressions quoted can be satisfactorily explained, but I should have thought "bungling" and absurdities were sufficiently evident throughout the article, as given in full to convince any one, that a novice, and not a "member of our own craft" was its author. I can quite understand and approve of your desire to maintain a due regard for the code of medical ethics, but the imputation of unprofessional conduct was in this instance hasty and undeserved.

Yours truly,

JOHN A. LANGRILL.

Jarvis, February 16th, 1880.

[We have great pleasure in publishing Dr. Langrill's letter which fully exonerates him from all complicity in the matter referred to. We have but one object in view, in thus holding up to professional censure all cases of presumed violation of the code of ethics, and that is the general good of the profession at large. It may occasionally happen, as is apparent in this instance and much to be regretted, that the innocent suffers with the guilty.]—ED. LANCET.

Selected Articles.

LISTERS'S STATISTICS.

Prof. Lister, has often been challenged to produce his statistics, and his opponents have been generally thought to consider his failure to do so as an evidence of a disinclination to let them bear the light. At last, however, we have them :—

"The great Royal Infirmary of Edinburgh, while it is the metropolitan hospital for Scotland for surgical disease, is not a hospital to which very many injuries come, and the great majority of injuries are treated as out-patients, and hence I have only seventy-two cases of injuries to speak of in those five years and three-quarters. Nevertheless, they were somewhat severe injuries ; thirty-three compound fractures, seven wounded joints, thirty-five other severe wounds. In seventy-two cases of injuries there were four deaths, which gives 5. 7 per cent. ; whereas the St. Bartholomew statistics are, 7.7 per cent. ; and none of those seventy-two cases of injuries died of blood poiosning. Then we come to operations. All the operations that I had that have been recorded in the case-book are 845 ; of these thirty-seven died, or 4.4 per cent. Now Mr. Savory includes in his operations only the major operations. It is a very vague matter what we are to call the major operations and what are minor operations. I thought it would be better, therefore, to put down all my cases of operations, without excluding, as Mr. Savory has done, any group for any reason whatsoever. But, going over the operations as Mr Cheyne has done, there were 120 that can be fairly called minor operations. A great number of minor operations have been treated as out-patients. I may remark that with antiseptic management, you are justified in treating as out-patients a large number of cases which, without antiseptic treatment, I consider you would be bound to take into a hospital. Now, substracting these 120 minor operations,I have 725 major operations ; of 120 minor operations, not one died. I, therefore, by substracting the minor operations, increase my death-rate. There were thirty-seven deaths in the 725 major operations, and these give 5.1 per cent. The St. Bartholomew's statistics give 5.2 per cent., somewhat greater, not very much greater, I confess. I cannot help remarking how easy it would have been for me to manipulate the statistics a little, to make the thing look much better for myself. For example I have had several operations,which I have included among the major operations, which have been very minor. There were three cases of spina bifida treated antiseptically. The operation consisted of introducing with a needle two or three, as the case might be, horsehairs ; and one case of hydrocephalus was treated in the same manner ; most minor operations, certainly ; but each one of these was followed by death. And, considering the consequences, and the greatness of the interests involved, it was only right to regard these as major operations ; and every case in which I have had a death I have included in my major operations. If I had chosen to say those were minor operations although they were fatal, the result would have looked different ; and I could have reduced very much the per centtage. But I prefer to do as I have done ; and my mortality is 5.1 per cent. of major operations,against 5.8 on the St. Bartholomew statistics. Now, as to the deaths, we come to the great question of blood-poisoning. I had six deaths from blood-poisoning in my 725 operations, or 4.82 per cent. The St. Bartholomew's per centage was 1.44 per cent. of blood poisining. The cases of blood-poisoning were two of pyæmia in those five years and three-quarters, two of septicæmia, and two of erysipelas. The cases of blood-poisoning require to be weighed. There is a very weighty statement attributed to Morgangi to the effect—"*Perpendæ non numerandæ observationes.*" That is to say, as we may render

it,—" Cases should be pondered, not numbered ;" and if we are to derive any benefit from these statistics at all, we must look into the details of them. Out of the various operations I have performed, same were, from the condition of the cases, capable of being performed antiseptically ; in others this was, from the condition of the cases, impossible ; as in cases where sinuses had existed in the vicinity of the joints which were excised, the removal of the tongue and so forth, where we operate in situations where septic materials must of necessity be present. Now, if I divide my operations into two groups—antiseptic and septic—I find that my antiseptic operations were 553 ; and of these 553, only two died, and those of blood-poisoning. And then, when we look into these, we find there was one case where the mamma had been removed, and the whole axilla had been cleared out to the collar-bone. I knew that the spray was altogether away from the wound, when the tube was removed from the axilla. The other was a case of erysipelas ; the only death from erysipelas in antiseptic cases during what I cannot help regarding as an epidemic of erysipelas during that year, or one from erysipelas. Of the septic cases, though they were much fewer, 292 operations, we have four deaths from blood-poisoning ; that is to say, the deaths were eight times as numerous in proportion That seems to be very instructive. Then, if I divide the time into two periods—before the meeting of the Association in 1875 and the time after—I find, as might be expected, that matters had improved since that period ; 1871 was the date of introduction of the spray, and at first we were working comparatively under difficulties. But since 1875, the antiseptic treatment has been carried out more perfectly ; and accordingly I find that, whereas between 1871 and 1875 the per centage of deaths was 4.7, from 1875 to 1877 it was 3.8 ; that is to say, out of two hundred and ninety-five operations, I had only eleven deaths. Then, if I look at the question of blood-poisoning in the last two years, I find that out of those 295 operations, to which must be added a certain number of accidental wounds, I had only one death from blood-poisoning ; and that one case from blood-poisoning was a case of pyæmia, where I performed a plastic operation to make a new nose. I endeavered to turn one side of the ascending process of the maxillary bone to make a support for the flap, and I split the bone ; and I was conscious at the time I had made a mistake. That was a case in which antiseptic treatment was impossible, in consequence of connection with the nasal cavity. The patient died ; and, although I carefully searched and dissected the bone and the veins in the vicinity, there was no pus in the cancelli of the bone or in the vein leading from it ; nevertheless, there were abscesses both of the lungs and liver. That is the only case of blood-poisoning in two years, with 295 operations.

Then let us take amputations ; that is to say, major amputations. During the period referred to —five years and three-quarters—I had eighty major amputations. Of these I had nine deaths, 11.25 per cent. That, compared with what Mr. Erichsen says in his book on *Hospitalism*, where he says we must expect from thirty-five to fifty per cent. of mortality, may seem very good. I should not be satisfied with nine deaths out of eighty patients, without something more to explain them ; but if we look more into details, I had, first of all, three amputations of the hip-joint. One was a primary amputation. I did the operation practically without any hope of saving him ; but I have seen a patient come round after being perfectly pulseless, and I thought it my duty to try it. Of the other two amputation cases, one was an enormous fibroma. The operation was one of extreme difficulty, and the patient sank as the immediate result of the operation. Such a case as that has no bearing whatever on the question at issue. The third case was one upon which I operated for myeloid disease of the thigh bone. The bone looked sound when I divided it at the time ; but afterwards, on making a careful section and microscopic examination, there appeared to be disease, and I amputated the next day, at the hip-joint. The patient died in twenty-four hours. Now, with respect to the question of preventable mortality after operations, you may eliminate these hip-joint amputations. I have had four primary amputations of the shoulder-joint. One of these died. The case was one of railway injury. The bones were shattered, and he was in a state of collapse when he was admitted, and never rallied ; and that comes in very much the same category. The question was whether I was prudent in amputating at all. Then I had one death after amputation of the shoulder from disease. It was a case of maligant tumor of the arm. The amputation was doing perfectly well ; but, after some days the patient died of hæmorrhage from a tumor of the femur, of the existence of which I was not aware, and that had nothing whatever to do with the amputation of the shoulder-joint. Some vessel gave way in the thigh, and the patient died of internal hæmorrhage ; and these cases to which I have referred should be eliminated from my list with reference to the question of hospital mortality. Then we come to the two others. I had twenty-five amputations of the thigh for disease. Of these, one died ; but the patient died of diphtheria nine months after the operation, when the cicatrix was almost complete. I had eighteen amputations of the ankle, of which one died. This one was a boy, who, three months after the operation, when the wound was almost absolutely healed, died of cerebral hæmorrhage. This, therefore, was also a case of recovery ; and, therefore I submit that, when we look into these cases of amputation, no patient died from a preventable disease. Every patient recovered who had a chance of recovery.

Then, if you take another class—cases of ununited fracture ; we used to operate on some of these cases in the upper limb, but in the lower limb the risk of pyæmia was considered to be too great. In the five and three-quarter years to which I have referred, I have operated eight times in ununited fracture of the thigh, nine times in the leg, four times in the humerus, and five times in the forearm, giving twenty-six cases, and in every one of these the patient is alive and well ; not one died. Then I would allude for one moment to that piece of statistics to which Mr. Bryant so disparagingly referred, which has been published by my friend Mr. Cheyne. I will not dwell on the cases of injury, because confessedly such cases are uncertain ; but I do say, when you have a series of twenty cases where healthy joints have been opened and kept open without a single failure as regards the septic element, it is a fact of great importance. Here I come to another order of statistics, where as far as I am able to judge, we have evidence of a new principle coming into play. I may be wrong, but it seems to me that if you were to open a healthy joint, and to keep the wound open, and to put a drainage tube into it, take it out every day, wash it, and put it in again, if you did not use antiseptic means of some sort or other, you would have more or less of inflammatory disturbance, and it would be impossible to have a condition of things which we look upon as normal, absolutely no tenderness, no redness, and no increase of temperature. I say, as far as I am able to judge, this is a kind of fact of a new order, which shows that we have a new principle at work. It has therefore seemed to me more important to publish cases of this kind, even though they be only individual cases which have been somewhat hardly reflected upon. When a new principle is propounded, I cannot regard these statistics of individual cases as unimportant. I say, if a case show new pathological facts, one individual such case is worth as much as a million. I have published numerous cases, for instance, to show that a great abscess connected with disease of the vertebræ may be opened by free incisions, a drainage-tube introduced, and strict antiseptic treatment used ; and then from that hour I never had another drop of pus. I say that fact is as beautiful in pathology as it is useful in practice. I have shown, over and over again, that you may have exposed in an open wound a blood-clot, and that this blood-clot, no matter how large, may remain not only free from putrefaction, but may remain indefinitely without suppuration, so that when you, in the course of time, peel away its upper surface, you find a scar without a single drop of pus having been formed. That, I say, is a fact new in the history of surgery, and indicating that we have a new principle.—*Brit. Med. Jour., Dec. 6,* 1879.

Boracic Acid in Skin Diseases. — Neuman prescribes an aqueous solution in parasitic skin diseases, an alcoholic solution in itching due to urticaria and pruritus, an ointment in all forms of eczema. It may be also dusted over a part in powder. The ointment is of the strength of 10 parts in 50 ; the solution, of 10-20 parts in 300.—*Der Practische Arzt.*

APHASIA AND RIGHT-SIDED HEMIPLEGIA DILATATION OF THE STOMACH

CLINIC BY PROF. J. M. DA COSTA, M.D., PHILADELPHIA.

You remember, no doubt, this case of aphasia with right-sided hemiplegia, which I lectured upon at a former clinic. You will call to mind that there was some rigidity of the affected muscles, and very marked loss of the power of speech—so marked, indeed, that the man's whole vocabulary was reduced to two words. "yes" and "no." I diagnosed the aphasia to be due to a lesion in Broca's centre of speech consequent upon the formation there of a small clot, which condition had, I believed, been followed by subsequent softening. When I began to treat the case I aimed partly at a restoration of the power of speech and partly at an improvement of the nutrition of the patient's brain. The second indication was fulfilled by the use of phosphorus and cod-liver oil, and by the occasional administration of iron—remedies calculated to regenerate and nourish the nerve tissues and brain substance. To this we added plenty of good nourishing food.

Under this regimen the patient gained flesh and color, and his right-sided hemiplegia largely disappeared, nothing remaining except a slight feebleness of grasp in the right hand. As proving that a brain lesion existed, the patient had convulsions two or three times while in the ward. These convulsions were preceded by vertigo, and accompanied by flushing of the face and other signs of marked cerebral congestion.

I am afraid that the brain lesion itself will never entirely yield to treatment, but you may be interested in another point. Has the patient's power of speech returned ? What success have we had following our efforts in that direction ? With this purpose in view we began to train the patient to talk as one could teach a child. We did so at the expense of a great deal of time and trouble. We made him repeat words after us until some of these words remained in his memory, and then we were delighted to find that some words began to come back to him which we had not previously suggested to him.

You will ask me, no doubt, whether I believe this improvement to be due solely to the nervine, we employed, or whether it was largely owing to the plan of treatment we pursued at the same times

and which consisted in applying electricity to the tongue in hope of stimulating the centre of speech. I will say that I believe the electricity has been of great assistance to us. But you shall note his improvement for yourselves. We will put him through all the motions. You see that he can walk, move his hands and legs in every direction—in fact, he seems in most instances to anticipate my wishes. He can put his tongue far out, and, when questioned by the resident physician, can, as you hear, tell us all about his business, and who he worked for and where he drove his milk wagon before the attack. This is certainly a most gratifying success. If we can persuade him to stay with us a little longer I think he will be fully able, when he does go out of the wards, to conduct his former business fairly well, provided he keeps out of all excitement and flurry.

THE TREATMENT OF DILATED STOMACH.

You will recollect this case as one in which we washed out the man's stomach regularly as a systematic part of the treatment. You remember his symptoms—flatulence, coated tongue, a bitter taste in his mouth, persistent vomit, with sarcinæ in the vomited matters. What will, I think, interest you most is the results of our treatment. They have been extremely favorable. We experienced a great deal of difficulty in persuading the man to let us wash out his stomach at first, but now he has become so convinced of the good it does him that when, yesterday, I gave orders to discontinue that item of the treatment as no longer necessary, he was very much inclined to grumble.

What has been the result? (1.) The vomiting has been entirely stopped. (2.) He can digest a moderate meal without much inconvenience. His tongue is much cleaner, and corresponds with the improved gastric tone. When I come to examine his stomach by percussion, I find that it is less distended. It is still large, indeed, but not nearly so much distended as when he first came under my observation. Nor is he nearly so much troubled with flatulence as he used to be.

At first we washed out his stomach every second day, and then twice a week. At first we used the siphon arrangement, but as morsels of food plugged up the tube upon several occasions, we changed to the stomach pump tube with piston and syringe. Simple lukewarm water was used in the washing out of the stomach at first, but afterwards we rendered the water slightly alkaline by the addition of a small amount of bicarbonate of sodium.

As the vomiting began to stop, the sarcinæ to be found in it became much fewer in number. This decrease was partly due to the washing and partly the result of the remedies employed to counteract the fermentation. These remedies were at first gr. j of carbolic acid thrice daily in water, and later ʒ j of sulphurous acid largely diluted, thrice daily.

What changes shall we make in the treatment now that the man is so much better? I have stopped the washing out of the stomach and ordered him placed upon strychnia; he takes gtt. x of the tincture of nux vomica twice daily. For the present I think it better to keep up the small dose of sulphurous acid after meals. He may enjoy a more varied diet henceforth.

BELLADONNA IN OBSTINATE CONSTIPATION.

Case I. In a case of typhoid fever recently in the wards, constipation became so obstinate at the end of the disease that I found it necessary to do something for it. It did not seem proper to resort to cathartics with the possibility of Peyer's patches being still unhealed. So I was forced to look elsewhere, and hit upon the following expedient. Every night before the patient went to bed he took a tablespoonful of sweet oil, and thrice daily after meals he was given gtt. j of the fluid extract of belladonna in ʒ i of the compound tincture of cinchona (Huxham's). The effects of this treatment were admirable. In a day or two he had a normal passage every morning. Then, in order to see if this might not be due solely to the sweet oil, I left orders that the oil should be omitted for several nights, but the bowels were still regular. There was no question but that it was largely the belladonna.

Case II. Æt. 50. Dyspeptic, with obstinate constipation. Bowels only moved after taking cathartics. Came to the hospital to get relief. As a rule, he told us, he was in the habit of going four or five days without a movement, when they were only at last opened by the use of some very active cathartic. This had been the case for three months.

When he came into the wards, after giving him iron for a few days and an occasional cathartic, I stopped this routine and bent all my energies towards overcoming the constipation. With this end in view I began (1) with a well regulated diet—this had no visible effect. I then employed a remedy which I had often found to be useful, i. e., I had the faradic current applied, with one pole over the upper and one over the lower part of the patients abdomen; then, (2), with one pole to the spine and the other to the lower part of the abdomen, then (3), with one pole to the spine or loins and the other to the rectum, but there was no improvement noted. Then I bethought myself of the sweet oil and belladonna, so the patient was given ʒ ss of sweet oil at night and gtt. j of the fluid extract of belladonna in ʒ i of the compound tincture of cinchona thrice daily after meals. Again I had the happiest results follow. The man began at once to have a proper movement every morning, the dyspeptic symptoms disappeared, the tongue grew clean.

I think you will do well to remember this treatment in cases of constipation. To what is the effi-

cacy of the treatment due, you will enquire? Chiefly, I think, to the belladonna. Trousseau long ago taught that as a stimulant of peristaltic action belladonna was invaluable. Its effects are due to the contracting power which it has over the muscular fibres of the bowels. I do not say that this treatment will invariarably succeed, but in most cases it has worked like a charm in my hands.

I always combine the belladonna with some bitter, such as the compound tincture of cardamon, or of gentian, or of cinchona, as here.

The treatment by sweet oil at bed time is useful as an adjunct. The oil promotes mechanically the discharge of fecal matters.

There is no reason why we should not keep up this treatment for some days yet, at any rate.

Joined with this use of sweet oil and belladonna the diet should be regulated by the use of such laxatives as fresh or canned vegetables, cracked wheat, fruit, etc.

CASE OF SUPRAPUBIC LITHOTOMY.

The following case, under the care of Mr. Swain, of Devonport, is reported in the *London Lancet* of January 10th, 1880:

Eliza G——, aged ten, was admitted into the Royal Albert Hospital, on July 21st, 1879. Her symptoms were first noticed fifteen months ago, when her mother discovered that she had incontinence of urine. It was found that she was in the habit of passing a hair pin into the vagina, probably on account of pain and irritation; and on one occasion she told her mother that a hair-pin had slipped up out of reach, but as one was afterwards found in the chamber vessel, it was supposed that no pin remained in the bladder or vagina. She had considerable pain, and four months later a swelling appeared a little above and to the left of the pubes. She now came under the care of Mr. Hutchison of Camborne, who detected a stone in the bladder, and an attempt was made to crush the stone, but without avail. About eight months ago, the swelling broke and discharged, and the pain diminished greatly after this; but a sinus was left through which urine and calculous matter occasionally passed. The incontinence of urine has continued throughout.

On admission, she presented the appearance of a full-grown and well-nourished girl. She looked healthy in the face, complained of but slight pain, and said she felt very well; temperature normal; tongue clean, but a little flabby; pulse soft and weak; bowels acted regularly; urine escaped continually and involuntarily. On examing the abdomen, there were, above and a little to the left side of the pubes, two sinuses admitting a probe some distance inwards and downwards towards the bladder, but not leading to anything definitely. The sinuses discharged slightly, but no urine seemed to come from them. On examining the bladder with a sound, and on passing the finger into the vagina, a calculus was felt in the bladder, apparently of large size.

On July 24th, under chloroform, the urethra was first dilated with the blades of a pair of urethral forceps, and with the finger. A large lithotrite was then placed on the stone, and an attempt made to crush it, but the screw failed to act, owing to the blades being too far apart, on account of the size of the stone. The lithotrite was withdrawn, and on further examination with the finger in the bladder, the points of a hairpin were felt penetrating the coats of the bladder on the left side. It was decided to open the bladder above the pubes. An incision, about two and a half inches long, was made in the median line from the pubes upwards, and the parts dissected through till the bladder was reached, all bleeding vessels being secured on the way. The bladder was then fixed with a hook and opened, a pair of forceps introduced and the stone caught. The main part was withdrawn with the hair-pin running through it; a large portion of the stone at one end crumbled down, and the fragments were removed with a scoop. The wound in the bladder was now closed with four or five interrupted catgut sutures, sutures were then passed through the entire thickness of the muscles and integuments, as in the operation for ovariotomy, and a drainage tube inserted. The operation was done under the carbolic spray, and the wound dressed antiseptically. The patient was quite recovered on the 20th of August.

DOVER'S POWDER IN THE NIGHT-SWEATING OF PHTHISIS.

Dr. Murrell, Lecturer on Practical Physiology at Westminster Hospital, gives the following in the *London Practitioner* anent the use of Dover's powder in the night-sweating of phthisis.

It is a noteworthy fact that pathological sweating may be arrested not only by drugs that exert an inhibitory action upon the sweat centres, but also by agents that in health promote perspiration.

Dr. Leared speaks highly of the Turkish bath as a remedy for the nocturnal perspiration of phthisis. He says: "The direct action of the bath has been more strongly shown in removing night-sweats than in any other symptom."

M. Vignard, of Nantes, recommends sage tea in pathological sweatings. He records the case of a young man who for many years had suffered profusely from night-sweating. It generally began about two or three o'clock in the morning, and

was so profuse that it saturated the bed clothes, and, to a considerable extent, the mattress also. Sulphate of quinine was tried in vain. At length M. Vignard prescribed the following preparation: "Take of chopped sage a large pinch, of water six fluid ounces. Boil the sage a minute or two in water, let it stand to cool, then filter and sweeten to taste." The perspiration ceased whenever the decoction was taken, but reappeared when it was omitted.

The employment of Dover's powder in the treatment of the night-sweating of phthisis is by no means new, and was, it is said, first suggested by Stokes, of Dublin. In 1861, M. Descamps published a paper giving the result of eighteen years' experience of this mode of treatment. The effect surpassed his expectation, the result being uniformly successful, and the sweating being suppressed from the first. "We possess," he says, "several records of cases of phthisis in which the perspiration was arrested up to the period of death. The powder was generally given in the dose of fifty centigrams (about seven and a half grains) in the evening, at different hours, according to that which announced the commencement of the sweating; and not only was it always observed that it prevented this symptom, but it also diminished diarrhœa, allayed cough, and predisposed to sleep. It sometimes happened that the powder was vomited. In such cases the dose was divided into two parts; one of which was given in the evening, and the other at night when the patient awoke." Dr. Handfield Jones, referring to M. Descamps' recommendation, says that he has found Dover's powder "materially to check the night-sweats of phthisis." Dr. Hayden, in a paper read before the Medical Society of the College of Physicians of Dublin, March, 1877, speaks highly of this mode of treatment. He gives five grains once or twice in the course of the night. This treatment has been recommended by Dr. Ringer, and by M. Desnos, of the Hospital of St. Louis, Paris. Dr. Theophilus Thompson also mentions it in his lectures on consumption.

During the last two years I have taken notice of fifty five cases of night-sweating of phthisis treated with Dover's powder. In only five of these cases did the drug fail to afford some relief. Of the successful cases, thirty-four were men and sixteen were women. With two exceptions they were adults in the prime of life, their ages ranging from nineteen to thirty-six. The cases under treatment represented all stages of the disease. In some there were hardly any physical signs, while in others, both lungs were extensively diseased. In eighteen cases cavities were diagnosed. In fifteen cases both lungs were involved, while in the remainder only one lung was affected, or there were no physical signs. The duration and severity of the night-sweating varied much in different cases, but in all it was well marked. As a rule, the Dover's powder was given only at bedtime, but in a few cases small doses were given several times a day, though without any corresponding advantage. It was found that to do any good five or ten grains must be given, and ten grains usually acted more promptly than five. Smaller doses usually failed, while, on the other hand, there was no advantage in giving more than ten grains. Frequently, for convenience of dispensing, the Dover's powder was administered in five-grain pills, but in many cases the powder itself was used. In most cases the patients, while taking the Dover's powder, had no other medicine, except, perhaps, a placebo of camphor-water or peppermint. In other instances the Dover's powder was not allowed to interfere with the general treatment, the patient taking cod-liver oil, cough medicines, and so on. The Dover's powder acted equally well whether given alone or with other remedies. As a rule, there was an improvement upon the first or second night, but sometimes the sweating did not entirely cease for a week or more, declining gradually in severity. Sometimes the sweating returned immediately upon discontinuing the medicine, but in other cases there was no relapse for a month or longer. In no single instance was the treatment found to do harm. It often, in addition to stopping the sweating, eased the cough, and insured a good night's rest.

The following may be taken as a fair average example of what Dover's powder can do. It is not by any means an exceptional case, and it would have been quite easy to pick out other cases in which relief was most prompt:

R. W., a bookbinder, aged twenty-six, had suffered from a slight cough for ten months, but it was only during the last three or four weeks that he had any expectoration. He was extremely emaciated, and had lost a stone in weight in six months. He was very feeble, and had great difficulty in doing his work. There had been no hemoptysis. He had suffered from night-sweats for about three weeks, never missing a night. He usually went to bed about ten, and awoke in the early morning covered with moisture. He was so wet sometimes that it left a mark on the sheet where he had been lying. The physical signs were: at the left apex flattening, deficient movement, increased vocal fremitus, dulness, and coarse crepitation; on the right side, impaired resonance and a little scattered crepitation. He was ordered ten grains of Dover's powder every night at bedtime, and a little infusion of quassia as a placebo. For two nights there was no improvement, but on the third night the sweating was much less. On the fourth and fifth nights it was very slight, indeed, and upon the sixth there was none at all. The pills were then discontinued, and, with the exception of one night, there was no sweating for four

weeks. It then returned, the patient suffered severely for three or four nights, and then recommenced taking the pills, The sweating was again checked in four nights, the pills were discontinued, and there was no further relapse during the time the patient remained under observation, a period of six weeks longer. Even in cases rapidly progressing to a fatal termination Dover's powder will keep the perspirations in check.

PUERPERAL MALARIAL FEVER.

Dr. Fordyce Barker read a paper before the Co. New York Med. Society, Jan. 26, '80 on the above subject, of which the following extract appears in the *Medical Record*. Although the title of the paper has not yet been added to the nomenclature of diseases in medical literature, it is so descriptive of the etiology, pathology, and clinical phenomena of a class of affections which of late years had been so frequently met with in puerperal women in this city and its vicinity, that he had employed it. The author of the paper then presented the character of the disease, its pathology, its differential diagnosis, and its treatment. By the kindness of medical gentlemen who had furnished him with complete notes of cases which he had seen with them in consultation, and from those in his own private practice, he had the records of seventeen cases, and of these he gave a summary of the aggregate results and the conclusion to which he had arrived.

Puerperal malarial fever might make its invasion at any period following parturition, until the physiological changes which constitute puerperal convalescence were completed. The earliest development occurred in less than twenty-four hours after entirely normal parturition. The history of a case which occurred in the practice of Dr. Howard Pinkey was then given. The latest period of invasion was in one of his own patients, who had a normal labor in every respect, and her convalescence was so complete that he had begun to make weekly visits only. The details of the case were reported. The most prominent *symptoms* were chills, sometimes very slight, a temperature higher by one or two degrees, frequently, than was found in the beginning of any other puerperal disease, rapid pulse, greater prostration than was usual with other diseases during this period. After such an explosion, there was a remarkable remission on the following day, but the alarming symptoms returned after one, two or three days, yet usually less severe, only typical cases, presented such a succession of phenomena. Dr. Barker was disposed to believe that in the majority of cases the patient, three or four days after the explosion, finds herself suffering a general sense of malaise, more or less of pain in the back, head, and bones, thirst, loss of appetite, insomnia ; and when the disease was developed the chills were less severe, the pulse less rapid, the temperature not so high, and the remissions less marked ; and he was also of the opinion that in such cases the disease was more persistent and responded less readily to treatment. In puerperal malarial fever a fall of temperature three or four degrees was always attended with a corresponding decline of other symptoms, which is not the fact in septicæmia, and the latter is rarely accompanied with pain in the head, back and limbs. He thought that a competent and intelligent observer would not be likely to mistake the affection, when developed six or eight days after confinement, for pyæmia, even though it was developed late during the puerperal period. Puerperal fever usually appeared between the first and third day after delivery, and very rarely after the fifth day, while the chills were not recurrent, nor were there marked remissions of the symptoms. Malarial fever may be developed during the progress of any of the local phlegmasia, or may be complicated by them. In five cases, secondary hemorrhage occurred after the twelfth day, apparently as the result of the malarial fever. One of these has already been reported by Dr. H. T. Hanks. In one case, three days after the hemorrhage, purpura was developed, and there was some oozing of blood from the nasal and buccal mucous membranes. In four of the cases seen in consultation the chief reason why he was called was that the patient was supposed to have puerperal mania. The details of a case seen in consultation with Dr. Baker, of Jamaica, L. I, were then given. But one of the seventeen cases had terminated fatally, and that was in the practice of Dr. W. Hall. The patient died on the forty-seventh day after confinement. The history of the case was given. The author of the paper did not dwell upon the treatment, for the reason that the treatment of malarial fever is so well settled, and every physician of intelligence and sound practical sense appreciates the necessity for and the kind of auxiliary measures which the symptoms peculiar to each case may require. He has found Warburg's tincture much more effective and speedy in producing the results desired than the largest doses of quinia. His method was to give it in half-ounce doses every four hours until the fever had entirely abated, and then continuing it in gradually diminishing doses until convalescence is perfectly established. On the least threatening of a recurrence a full dose should at once be administered. The tolerance of quinia in these cases is very remarkable. One patient received 80 grains hypodermically within twenty-four hours, and yet no symptom of cinchonism was produced. When given by the mouth it is usually combined with bromide of potassium, to prevent or modify the cinchonism. . . .

Dr. W. T. Lusk remarked that he had not had any personal experience in cases corresponding to the severer form of malarial manifestation in puerperal women, described by Dr. Barker; yet ever since Dr. Barnes read his paper before the American Gynæcological Society, drawing attention to the fact that women living in a malarious region were subject to severe attacks of malarial fever immediately after confinement, his attention had been turned in that direction, and he had watched such cases with a great deal of interest. Within the last three months he had had three cases of the milder manifestations of malarial poisoning after confinement; chill, high fever, profuse perspiration, and all yielded readily to quinine. He regretted that post-mortem data had not been obtained regarding the severer forms. He thought that in some of the cases described by Dr. Barker septic symptoms were superadded, and aided in making them exceptionally severe. In the Maternity Hospital, when the report was made by the House Staff that some of the women had severe chills and high fever, followed by profuse perspiration, and that yielded readily to quinine, he always knew it was only the forerunner of something more serious, and therefore a warning. If the women were not removed, peritonitis and cellulitis began to appear in other cases; and if still the warning was not heeded, there came an outbreak of puerperal fever. He could not but think that, at the bottom of the severe cases at least, there was some other poison than malaria, differing only in intensity, perhaps in the manner in which it enters the system, rather than in the quality and character of the poison itself, and capable of producing puerperal fever. He thought we should be on the alert in making a distinction between this form of poison and that which produces true malarial puerperal fever.

Dr. Barker suggested that it was not convenient to obtain post-mortem data unless patients die. Only one of the seventeen cases he had seen had terminated fatally, and in that one the question of septicæmia was thoroughly discussed by Dr. Hall, Dr. Thomas, Dr. Metcalf, and himself, and all were unanimous that there was not the slightest ground for suspecting septicæmia.

Dr. Hall thought the question of septicæmia was very pertinent, the object being to draw a nice distinction between it and puerperal malarial fever. With reference to his case, the prime object in calling the consultation was to see if he had not overlooked some complication, and all were of the opinion, as he had been, that it was one of malarial origin. The case had a distinct malarial history. The injections were all vaginal.

Dr. Jones remarked that in one of his cases there was no tenderness of the abdomen upon pressure, the patient ate ordinary food with a good relish, the secretion of milk was not entirely suppressed; but when the soft catheter was introduced into the uterns, it gave exit by the injection to some badly-smelling discharge not previously noticed, and the cleansing of the uterine cavity was followed by a fall of temperature.

Dr. A. A. Smith mentioned that in several of Dr. Barker's cases there was history of malarial disease before confinement, He also stated that it was Dr. Barker's habit to put his patients upon the use of quinine immediately after confinement, and continue it for ten days, beginning early in January and continuing until the middle of June, but not at other times in the year, unless there was some special indication for its use.

THE PRESENT AND PERMANENT TREATMENT OF DISEASE.

The following interesting article by Dr. J M. Fothergill, appeared in the *London Practitioner*.—When the general practitioner is called in to see a new patient, he finds it expedient to provide immediate relief; if possible. If the case were one of his patients with whom he has become fairly well known, and whose confidence he has previously gained, his practice would perhaps be somewhat different; and would be directed to the permanent interests of the patient, rather than the immediate present. Say he is called in to see a case of early phthisis where the cough is troublesome, causing the patient much discomfort; and yet the cough is fruitless as to any removing of the exciting cause of the cough, viz., the new products in the lung. The first impulse is probably to give some preparation of morphia or opium—say paregoric with some spirits of chloroform; given to make it more agreeable, in mint water. Probably most of us would regard this as the most appropriate thing to be done; and our proceedings would in all likehood be followed by the relief of the patient's sufferings, the gratitude of the friends, and an increment of reputation to the practitioner for his skill and capacity. Yet it may be questioned whether this treatment may not be directly injurious to the patient's true interests; especially if continued. As to the expediency of it at the time, probably no two opinions exist. But the danger lies in the very fact that immediate relief is so afforded; and that the patient in consequence has a decided liking for the medicine, and is indisposed to give it up for something else, the good effects of which are not so quickly manifest. The practitioner is conscious that while the opium allays the cough, it also exercises its effects upon the stomach; by blunting the terminal ends of the gastric nerves, the sensation of appetite is lessened, and the inclination to take food diminished. It also influences the nerve-ganglia along the intestinal canal, and in doing so checks the peristaltic movements; and thus locks up the bowels. It thus strikes directly at one of the most important mat-

ters in pulmonary phthisis, namely, the keeping up the nutrition. Further, opium excites the action of the sudoriferous glands, and so adds to the exhausting night sweats which the patient probably has. Profuse sweating is justly dreaded in phthisis ; whatever else it may, or may not do, it certainly drains away the salts of the body, whose loss is injurious. Those who have watched carefully the progress of phthisis must be painfully aware of the exhaustion which profuse night sweats occasion ; and of the return of appetite which usually results almost immediately from their arrest. So long as they continue it is of little avail to give meat juice, milk, preparations of phosphorus, or other salts ; for as fast as they are furnished to the system, they drain out in the pernicious night sweats. Now, if these effects of opium upon parts which we do not wish to influence, and which are directly injurious, are not got rid of, the line of treatment to be adopted on first seeing a phthisical patient may, and probably will, do as much harm as good ; possibly more harm ultimately. If, as has been recently suggested, the effects of opium upon the sudoriferous glands be antagonized by the co-administration of belladonna ; and its action on the intestinal canal, met by giving it in a laxative vehicle as a little compound colocynth pill, then its good effects are largely secured, while its evil consequences are elimated ; and the minimum of evil and the maximum of good are attained.

The same holds good in bronchitis where there is much cough, due to the irritability of the dry, swollen bronchial mucous membrane in the first stage of bronchitis. Here, again, the general practitioner is tempted to give paregoric, or its equivalent in some form, and immediately relief is given to the troublesome cough. But the treatment is neither rational nor is it successful ; it is not the following out of the natural processes, but the traversing of them.

The stage of vascular turgescence precedes and is followed by that of free secretion ; and the longer the first stage is kept up, the longer the case goes on without recovery. The opium checks secretion, and thus retards the oncome of the second stage ; while it relieves the cough. A dose of opium at bed-time, with a few grains of James' powder, so as to procure free perspiration, is admissible enough and often attains the desired end of lowering the vascular tension and thus procuring a condition favorable to free secretion. But this desirable end is not always attained, and if opium be given in the day medicine, success is somewhat problematical. The day medicine should contain ipecacuanha with iodide of potassium, and the patient encouraged to inhale steam ; and then the first stage will usually be effectually abbreviated. This treatment, however, is much more troublesome, and not nearly so striking in its immediate effects, as the plan of prescribing opiates. Where the irritative cough is very troublesome, some bromide of potassium will probably be found useful in allaying the reflex action cough ; while it is largely free from the drawbacks which attach to the exhibition of opium or morphia. There is, too, a difference betwixt the necessity for hypnotics at night in order to procure some of "Nature's sweet restorer, sleep," and their employment as sedatives during the day ; as day cough, though annoying, is not so exhaustive as night cough. In hospital practice, night opiates are necessitated still further in order that the owner of the cough may not disturb the other inmates of the ward.

In the same way must neuralgia be regarded. When it is severe the patient is anxious for immediate relief ; and the practitioner probably gives a dose of morphia hypodermically, and almost instantaneous relief is so afforded. Or, herhaps, puts on a blister in facial neuralgia, and dusts the raw surface with morphia ; or prescribes a liniment of aconite and belladonna and gives an opiate ; or, if a very advanced practitioner, a dose of croton chloral, or of gelseminum, and the patient is speedily more comfortable. There is not so much objection to such immediate treatment if the practitioner only recognize the casual relations of neuralgia : and bear in mind Romberg's famous dictum about neuralgia : "Pain is the prayer of a nerve for healthy blood," that is, blood healthy in quantity as well as in quality. But if the first treatment is successful in affording relief it is very apt to be continued ; and so the patients' real condition is that of growing worse instead of better. It may be essential to the acquisition of the patient's confidence to provide immediate relief ; but having so acquired it, the practitioner should proceed to the measures which are required in the patients real interest, viz., the removal of all drains upon the system, the curtailment of effort, and the exhibition of tonics and hæmatics. The two commonest forms of neuralgia in women, viz., intercostal and facial, are both usually accompanied by leucorrhœa with menorrhagia, or the act of suckling ; and it is only by attention to these drains, that such neuralgia can be affectively treated. Strychnia, quinine, phosphorus, arsenic, and chalybeates may afford relief of a more or less permanent character : but the removal of the drain, or the improvement of the digestive organs, if the anæmia be due to digestive assimilation, is as essential to cure, as is their specific remedy in the neuralgia due to malaria, to syphilis. to gout or to lead poisoning.

Then, again, take the hypodermic injection treatment for sciatica. I have only tried it once. It gave immediate relief ; but in the long end that was the most unsatisfactory case of sciatica I ever treated ; and this was due to the treatment, I felt sure

Then, again, let us review the associations of dyspepsia. In the first place it is much more com-

mon in women than in men, and this fact at once supplies material for reflection. True primary dyspepsia, with a foul or raw tongue, is not more frequent in women than in men; and is in each sex equally amenable to its appropriate treatment. With the foul tongue a laxative pill at night and an effervescent saline aperient in the morning, with a mixture of nitro-hydrochloric acid and strychnia three times a day, is usually sufficient for the relief of the patient. When the tongue is bare and denuded of epithelium then alkalies with bismuth are indicated. In each case careful attention to the dietary is essential. But where the dyspepsia is found with a clean tongue, as it very commonly is in women, then this treatment, though it may give relief in many cases, is futile to cure. Here the dyspepsia, often accompanied by nausea and less frequently by actual vomiting, is reflex and set up by some far-away irritation; mostly pelvic, and very often uterine, but more commonly ovarian. Local treatment, with the exhibition of sulphate of magnesia till the bowels are well open; and bromide of potassium to deaden the nerve tracts along which the irritating currents pass from the ovary to the stomach, will soon bring a malady, otherwise treated very intractable, under control; and permanent relief be afforded. Yet some bismuth and hydrocyanic acid with an alkani may be the readiest means of relieving the patient, and meet with the approval of her friends.

How often too is a state of biliousness or even lithiasis most quickly relieved by a dose of calomel, or a mercurial pill, followed by a black draught and a Seidlitz powder in the morning. The patient, satisfied with this method of obtaining relief, goes away and commits acts of error and indiscretion in diet; because relief can readily be obtained. Yet surely it will be admitted that it would be far better in the permanent interest of the patient to regulate the dietary; cutting down the albuminoids, substituting a dietary of fruit and farinaceous food for meat, too frequently stated to be the only food the patient can take. By such means the work of the liver would be greatly economized, not only as to the storing up of glycogen, but, what is more important, the work of the oxidation of albuminoids would be lessened; and so the attacks would not be induced, or to a very much less extent. An occasional mercurial, given, as the late Dr. Murchison advised, for the furtherance of the oxidising processes of the liver, at night, and a saline aperient in the day till the bowels are freely open, twice in the morning and once at bed-time, will, in a few weeks, bring many a long suffering, bilious being to a state of health; or a near approach thereto. This last line of treatment will do permanent good; the first encourages the patient along a road that must terminate sooner or later in organic changes in the liver or kidneys.

Again, let us look at the treatment of diarrhea. How commonly is an astringent mixture, containing an opiate, prescribed without reflection? Of course, in a great many cases, immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm. In those cases where there is an offending mass in the intentines setting up a secretion to sweep it away—but where the secretion is set up too low for its removal—there is a teasing diarrhea, a persistent desire to go to stool, with small ineffective motions affording no relief. Here the ordinary diarrhea mixture only does harm; and what effect it has is to arrest a spontaneous reflex act often of a beneficial character. The proper treatment is to administer a dose of castor oil, or, better still, a scruple of rhubard in powder, by which secretion is set up above the offending mass, and it is swept away; after which the diarrhea ceases. The secondary action of rhubarb in constipating the bowels, renders it the agent *par excellence* for the treatment of this form of diarrhea. The astringent and opium treatment of diarrhea is equally, or still more out of place in those cases where there is a fæcal mass lodged or accumulated in the rectum. Every surgeon who sees much of the diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persistent diarrhea. The usual mixtures in great variety are prescribed without effect. At last the persisting tenesmus drives the patient to a rectal surgeon; who, on examination, finds a solid mass in the bowel, around and past the sides of which the thin fæcal motion passes. Here diarrhea is the only possible means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhea, else the patient's condition would, indeed, be a serious one. The mass is removed, and then the diarrhea spontaneously ceases.

Then, again, take the common resort to stimulants in fever. That they may be indicated at times of acute peril from collapse we may grant; they may enable the convalescing patient to eat more food; but given as they commonly enough are, during the fever, they are injurious. They make the patient feel a little better for the time by calling out a little of his reserve force; but what good, in the name of reason, does that do? It only dissipates, squanders in useless displays, what should be economized with the utmost diligence for the critical time when it is required; and when it is invaluable. If the reserves be called out and wasted early in a battle they are not there at the critical moment—and the battle is not won, but lost. So it is in fevers and some other acute diseases. Milk, and not alcohol or beef-tea, should be the food at these times. Who that has attended much midwifery among the more ignorant classes, will fail to

recognize the truth of what I am just about to say? A primipara is in labor, and all is well; but the advance is not rapid. Every time the doctor turns his back, he returns to find the patient with strong pains and bearing down energetically; yet the os is only the size of a half-crown piece. Some foolish but well meaning person has been giving that patient alcohol, and encouraging her to put forth useless efforts. Unless the medical man can stay by the case, and watch this meddlesome person like a cat watches a mouse, the case will have to be terminated by the forceps, because the woman is spent and her power of effort gone, wasted in useless bearing down. Of old, commonly enough, the patient got a pretty stiff opiate, which sent her to sleep for twenty-four hours, when the labor—for labor then it was and no mistake—recommenced. But that twenty-four hours of the head pressing upon the tissues, and especially the urethra, will cause the patient to run great risk of a vesico-vaginal fistula, or a slough in the posterior vaginal wall, with its disagreeable consequences. In midwifery and in acute diseases, the reserves should never be called out till the time for them comes; when they have been thrown away they are not forthcoming, and the result is disaster.

Then, again, it is not always well to hasten convalescence, especially when the kidneys are implicated. Their function must be remembered. I will give an illustrative case which occured to me a dozen years ago; but its lesson is as fresh as it was a month after the disaster. A girl was doing well after acute nephritis, on milk and a restricted dietary; going on steadily, but slowly. The friends desired a consultation; thought something more might be done. Meat was added to the dietary, iron to the potash and buchu. We overran the powers of the kidneys; and the girl died of uræmia, in spite of everything that could be done.

But of all abnormal conditions when the immediate treatment of disease is to be utterly subordinated to the permanent interests of the patient, that of endocarditis stands out most prominently. Here there is acute inflammation of the endocardium which lights up a growth of connective tissue in the fibrous structures of the valves; most commonly the mitral and less frequently the aortic. It is not the acute inflammation here which causes any alarm, it is the growth of connective tissue which we dread. Such connective tissue has a natural tendency to contract after a time, and consequently the growth in the cardiac valves sooner or later mutilates and distorts these valve curtains until they either become insufficient to close the mitral ostium on the ventricular systole; or the free edges become fused together, and constitute an obstruction to the flow of the blood through the mitral orifice. It is obvious that the rational treatment of this condition is to limit, as far as possible, the growth of this connective tissue for once developed it cannot be absorbed, though in certain works even of recent date, iodureted frictions are recommended; and will eventually contract and cripple the valve curtains. How is this to be done, is the question. I have insisted in the recent edition of my work on *The Heart and its Diseases*, that the rational line of treatment is to be guided by what pathological observation teaches us as to the first stage; and the acknowledged principle of giving parts which are the seat of morbid changes, physiological rest. Consequently the patient should be kept quiet in bed; not only till all acute symptoms have passed away, but for some days longer.

It is impossible to give the mitral valve curtains complete rest; but comparative rest may be afforded to them. Every time the ventricle contracts the mitral valve curtains have to bear a strain equal to the distension of the elastic arterial system; the higher the blood pressure in the arteries, then, the greater the strain on the mitral valve curtains; the lower the blood pressure in the arteries, the less strain on the mitral valve. Consequently the patient should be kept perfectly quiet in bed; and have the blood pressure kept low by repeated doses of chloral hydrate, for some days after the evidence of acute endocarditis have passed away; so as to keep the inflamed valve curtains as quiet as possible, and to reduce the strain on them in each ventricular systole. By such means rest, that is, comparative rest, is furnished to the inflamed valves; and thus the growth of connective tissue is limited. The subsequent contraction is in proportion to the amount of growth; and the more the growth is limited, the less will be the ultimate mutilation. This is too clearly apparent for any cavil as to how it can be demonstrated in each case that the injury has been limited by such plan of treatment. It may not be possible to demonstrate in every case the good so acheived; but the adoption of this plan will be apparent enough in a series of cases. To limit the mischief at the outset is the essential treatment of acute valvulitis. If the growth of connective tissue can be limited, the distortion which results may be so small that the valves are still functionally competent to close the ostium on the ventricular systole. In such case the individual is little, if at all injured; and has got off practically unscathed. But how different is this plan to that advocated in text-books. Each plan of treatment, whether alkalies, blisters, or salicylates, it matters not, founds its claims to the confidence of the profession on the number of days which elapse before the patient is up and about. Yet to let the patient get up and walk about is to throw more stress on the mitral valve curtains. But the mischief does not stop at this point; it is further advised to give digitalis, whose action, it is now well known, raises the blood pressure in the arteries. By such a plan the pressure on the mitral valve curtains is increas-

ed, and the growth of connective tissue encouraged; and with that the prospect of further distortion of the valves. Surely this is plain and uncontrovertible. By lowering the pressure on the valves for some days after all active symptoms have disappeared, until, indeed, such time as the active proliferation of connective tissues shall, in all probability have ceased, the primitive mischief is limited. The valve distortion which results has no tendency, unless it be in persons with very irritable tissues, to progress, but remains static; and if the injury is slight, muscular compensation is readily developed, and the patient's prospects of life are good. But if the valve mutilation be great, then the compensatory changes are imperfect, and the case goes downwards; without necessarily any advance being made in the valve lesion itself. Indeed it is in endocarditis of all diseases, that we can see clearly how at times the immediate treatment of a case may have to be subordinated to the permanent interests of the patient.

RENAL INADEQUACY.

Dr. Andrew Clark, at a meeting of the London Medical Society, *Lancet*, Nov. 29th, read a paper "On Renal Inadequacy." He began by remarking that he was often painfully struck by the great number of people suffering from ill health of which no sufficient explanation could be given. There was, he said, no doubt that the progress of knowledge was steadily lessening this ignorance, and explaining, by the discovery of dynamical or statical conditions hitherto overlooked, cases supposed to have their origin in the distant ancestry of the patient, and believed to be practically inexplicable. Some of these cases, he believed, took their rise in a feeble and disorderly nervous system; some in a vicious digestion; some in an imperfectly acting skin; some in unsuitable conditions of life and work; some in abuse of tea, coffee, tobacco, alcohol and other narcotics, and some in the derangement of the chemical changes which accompany and determine assimilation and disassimilation. There remained, he thought, numbers sufficient to demand and reward inquiry. Many of these cases of ill-health found their explanation in deficient excretion. As examples of this, he mentioned cases of anæmia and chlorosis due to fæcal poisoning, and curable by purgatives. But a far larger number, he believed, were due to a deficient excretion of urinary solids. "By renal inadequacy I mean that state of kidney in which it is unable, without material diminution of quantity, to produce a urine containing the average amount of solids and of a specific gravity greater than 1014." The deficiency of solids chiefly affects the urea and uric acid. The urine was pale, almost invariably free from albumen, and deposited no casts. He did not profess to determine what was the exact pathological state of the kidney; but he conjectured that it was one of slight withering and induration, just as sometimes the skin is found withered, hard and incapable of producing a true unctuous sweat. This renal inadequacy had, so far as he could see, no charateristic symptoms, and we found it out only by searching for a cause which should be found adequate to the explanation of the patient's trouble. The symptoms and signs most commonly associated with renal inadequacy were flatulent dyspepsia; palpitation, with a very feeble and interrupted capillary circulation; a dry, shiny, waxy skin; numbness, tingling, cramps and pains in the limbs, occasional flushes, worry of brain, and general nervousness; sometimes thickening of the terminal joints of the fingers, and sometimes, but rarely, evidences of gout. One knew in a given case that these symptoms were due to renal inadequacy, not merely because there was a grave deficiency in the excretion of urinary solids, but because whatever diminished that secretion, or whatever added to the amount of solids to be excreted, invariably within a short time aggravated the patient's sufferings. Three things were of great importance in these subjects. They are exceedingly vulnerable; they repair very slowly the damage done by accident or disease; they bear very badly the shock, however slight, of surgical operations—a fact mentioned by Sir James Paget (Clin. Lectures, p. 44). As to prognosis, this state seemed capable of indefinite prolongation without serious secondary injury to the organism. Under unfavorable circumstances and bad management death might occur from some local inflammation, from cerebral or other hemorrhage, or from the so-called pyæmic fever springing unexpectedly out of some, perhaps trifling, surgical operation. He then enumerated what he considered the special characters and appearances of patients who had been the subject of renal inadequacy for over four or five years: "They have at least a marked and striking physiognomy; they increase in flesh; they become puffy without being distinctly œdematous; the skin becomes drier, more shiny, and yellower; the features swollen almost to distention; the pupils are dilated; the lips and cheeks of a bluish red; the articulation deliberate and someweat difficult, and the whole intellectual tone and manner subdued and slow." From one side the physiognomy was like that of pernicious anæmia, from another like that of Bright's disease, and yet it seemed distinct from both. As to treatment, much might be done by good management, by which he meant the adjusting of the quantity and quality of the food to the diminished excrementitious activity, the withholding of such agents as directly lessen the excretory power of the kidney, aiding the kidney in its work by making the supplementary excretory organs fulfill that part of the work

which the kidney was unable to do, and generally by placing the patient in those conditions which would give the organism the greatest power for resisting the inroads of disorder, and for making sufficient compensation when complete repair was unattainable. The tepid bath, followed by vigorous friction, the use of warm clothing, and the avoidance of passing exposure to cold and damp, with gentle exercise daily in the open air, were indicated. The diet should be light; stimulants should be avoided except to the extent of one glass of claret or other light wine, twice a day. The medicines he had found most useful were small doses of arsenic with reduced iron at meals, and an occasional murcurial alterative. If digestion was disturbed, he discontinued the iron and arsenic, giving the patient bitters with alkalies between meals, and a murcurial alterative every third night for two or three times. He concluded by narrating a case which he first saw some years ago. By a strict adherence to a limited dietary, and by the use of purgatives and diaphoretics, this patient improved so much as to consider himself quite well; whereas when he was taking food and wine every two hours, it seemed that the more he took the worse he became. A very remarkable fact about this case was that as his supplies of food and wine were reduced, the patient's urine steadily rose in density from 1003 up to a very fair standard; and in three weeks he left town declaring himself quite well. When seen six months ago this patient seemed and declared himself to be quite well, his only complaint being that he could not relax his dietary without being ill. Dr. C. T. Williams said these cases were generally treated as dyspeptics. He asked whether weight was gained or lost under the restricted diet, whether there was corpuscular deficiency or excess to the blood, or any sign of anæmia. Dr. Gilbert Smith asked whether it was due to renal defect or blood change.

Did the kidneys refuse the blood, or did the blood refuse to go to the kidneys? Had these organs been examined after death? Dr. Routh said that there was no proof that the author's dictum was correct, and inclined to believe the ailment due to defective assimilation, and, therefore, lessened amount of salts in blood and urine, rather than to renal inadequacy. Dr. Dowse had seen several cases similar to those described by Dr. Clark, but had never examined the kidneys after death. He did not for a moment doubt the existence of such a condition as renal inadequacy. Dr. Symes Thompson agreed that the kidneys must be at fault in these cases. He had not known that a diminished diet could increase the specific gravity of urine. Dr. Ewart wished that he could detect the condition of renal inadequacy before the cases had gone so far as that only a rigid diet would keep them in health. Dr. Andrew Clark replied, urging the facts that proved the existence of such a state as renal inadequacy; that retention of excreta leads to disease, and that in a case he had in the London Hospital nitrogenous diet increased the defective action of the kidneys: Some of the patients gained weight, others lost flesh on the strict *regime*. The blood did not appear abnormal. Apparently normal skin sometimes refused to perspire normally. Why should not a kidney which refused to act yet show no apparent change?

Pleuritic Effusion Treated with Jaborandi. —Joseph W. Hunt, M. D., in the November number of the Dublin *Journal of Medical Science*, gives the results of three cases of pleuritic effusion treated with jaborandi. Dr. Hunt remarks that the mode of action is obvious. The fluid contents of the blood-vessels being diminished by means of the excessive cutaneous secretion, a compensatory absorption of fluid takes place from the tissues and cavities of the body, and the blood-vessels thus absorb even more than they give out through the skin.

In the first case the patient came under treatment August 20, 1878, with his right pleura full of fluid, the heart being displaced outside the nippleline and the liver depressed three inches. He was aspirated the same afternoon and the severe dyspnœa relieved, but below the angle of the scapula there remained dulness, and vocal fremitus was absent. Large doses of tincture of iron were given, and he was painted freely with iodine every other day. This treatment had no effect in causing absorption of the remaining fluid, and he was ordered a mixture containing iodide and acetate of potash and scoparium, which likewise failed to produce the desired result. Therefore on September 4th he was ordered jaborandi in doses increasing up to a drachm and a half of liquid extract every four hours. This caused considerable diaphoresis and a speedy absorption of the fluid, so that on September 13th the breath-sounds were louder, the dulness considerably diminishing, and vocal fremitus normal except over the very base. On September 28th he was discharged cured,

The second case was admitted to the hospital March 1, 1879. He had been complaining of pain in the side for eight weeks, and marked signs of an effusion in the left pleura were found. He was treated with a saline diaphoretic mixture up to the ninth day without improvement, at which time thirty ounces of fluid were drawn off by aspiration, and he was ordered a mixture containing digitalis, iodide of potash and scoparium. This treatment, continued to March 26th, still left absolute dulness below the tenth rib posteriorly, and vocal fremitus deficient below the middle of the scapula; so a drachm of jaborandi was ordered every three

hours, which by April 2nd had caused all the symptoms to disappear, except what a thickened pleura would account for.

The third case was admitted to the hospital February 27, 1879, with temperature 101°, pulse 80, respiration 23, with night-sweats, dulness on right side as high as the angle of the scapula, with absent vocal fremitus. On admission he was ordered jaborandi, in doses gradually increasing to one drachm every two hours before trying any other treatment. Improvement was rapid, and by March 14, vocal fremitus was present all over the back, and dulness began at the tenth rib.

All these patients bore the jaborandi well, one of them increasing in weight while he was sweating so profusely. With the exception of diaphoresis and salivation, there was no inconvenience attending the administration of the jaborandi. In none of the cases was there any beneficial result obtained till profuse diaphoresis was excited.—*American Practitioner.*

Bromine Vapor in the Treatment of Croup.—Dr. Netolitzky has employed the treatment of croup recommended by Dr. Schutz three years ago, in nine cases with seven recoveries. He used the following formula: R. Bromi puri, Potass, bromidi, ää grs. vijss–xv,; Aquæ ℥ v–vij. M. This solution was poured on a small sponge or on cotton, and the patient inhaled the vapor given off by it for five or ten minutes every half hour. The potash is added to retard the too rapid volatilization of the bromine, which necessitates also a frequent moistening of the sponge or cotton. When there was a tendency to renewal of the exudation, the inhalations were continued for a prolonged period, but weaker solutions were used. Ipecac. and other expectorants were given at the same time. One great advantage of these inhalations is the facility with which they can be administered, no special apparatus being required. They do not excite any affection of the respiratory organs, are not specially liable to excite cough, are easily borne, and can be employed at any age. Bromism was not produced in any of the cases. Dr. Netolitzky does not regard the bromine inhalations as a specific for croup, but the results obtained by himself and others have been so favorable, that he feels justified in recommending the method of treatment warmly to the profession.—*Allg. Med. Cent. Zeit.*—*Western Lancet.*

Legal Poisining.—We give the following from the *Medical Times and Gazette*: An American Lady, two years back, applied to a well-known West-end physician. She was supplied with two prescriptions; one for a pill containing one grain of opium, another for a mixture of chloral and bromide, ten and fifteen grains respectively. Neither of these doses could for a moment be called excessive, and the mixture was only to be taken at bedtime. But what was the result? Once in possession of these documents, the unfortunate lady set herself to work to procure unlimited quantities of the two medicines by making use of the same prescriptions over and over again, first at one shop and then at another, often procuring double quantities. Death and an inquest followed. Once, apparently, procure a prescription for any noxious or poisonous drug, for whatever purpose, and ever after, this same drug is at the command of any one who may be able to lay hands upon the prescription! There are frequently ordered mixtures containing such substances as aconite, strychnine, prussic acid, or belladonna, to say nothing of opium, which once out of the physicians hands are at the will of the world. Nay, more, it is a well-known fact that if a prescription has done good to one, it may be circulated among the members of the family or kindly friends in the neighborhood. Surely under such circumstances it is grossly unfair to hold a physician answerable for what may happen. Were the property in the prescription vested in the physician, such things could not occur. Were medicines dispensed, as in olden days, by the practitioners themselves, that could not occur. The mischief arises solely from the hiatus which now exists between physicians and chemists, whose interests, taking this case for example, do not seem to be identical. The physician would prefer to give a fresh prescription and receive a fresh fee; the chemist undertakes to save the physician's guinea to the patient by constantly dispensing the same prescription; and if one will not do it another will.

Treatment of Hepatic Calculi.—Dr. T. H. Buckler, *N. Y. Medical Journal*, in referring to Dr. T. G. Thomas's enumeration of the operation of cutting into the gall-bladder as one of the recent surgical triumphs, asserts that such a procedure is unwarrantable. Cholesteric gall-stones can always be dissolved away by large doses of chloroform, especially if combined with succinate of iron. The latter agent also may alone accomplish the desired solution and effect a cure. In Dr. Buckler's last three cases, treated successfully, he gave ten drops of chloroform every four hours, and a teaspoonful of Steward's hydrated succinate of the peroxide of iron half an hour after each meal. He has sometimes given a teaspoonful of chloroform every six hours, without causing any bad symptoms and with the result of a cure within a week. The succinate of iron contains, according to Dr. Buckler, more nascent appropriable oxygen than any other known therapeutic agent, and is one of the best ferruginous preparations, apart from its solvent powers on gall-stones. It is better than nitric acid in affections of the liver. Chloroform, we are told, on being swallowed, passes into the acini of the liver, then into the bile of the gall-bladder, where

it dissolves the gall-stones with the inexorable certainty of mathematics. Dr. Buckler's experience with ether, and with the various mineral waters, has led him to consider them of no value in this trouble.

THE TREATMENT OF HEMORRHOIDS.—Dr. F. P. Atkinson, gives the following in the *London Practitioner:* A good deal has of late been written with respect to the operative treatment of hemorrhoids, and I think in this way attention has perhaps been diverted from the use of topical applications. Of course, local treatment by itself is of little use, inasmuch as while the cause remains, any benefit that may be obtained can only be partial and temporary. As far as I can see, hemorrhoids are to be divided into three classes, viz.: Acute, subacute, and chronic, according to the symptoms and time that they have existed, and the treatment has to be adapted to the stage in which they are presented to our notice.

In the acute stage they are inflamed, of a dark red appearance, and give rise to a throbbing, burning pain, or like that which would be produced by the application of a red-hot coal. Mr. Biddle, a fellow-practitioner, tells me that in this stage the effect of calomel dusting is something wonderful, and that relief is more quickly gained from this than anything with which he is acquainted. He considers that it acts in a two-fold manner, viz.: upon the liver and at the same time as a local sedative. Sponging also with hot water gives a good deal of ease. If this treatment prove insufficient, and the pain be very excessive, leeches may be applied to the anus, or an incision made into the centre of the swelling and the contents squeezed out.

In the subacute stage the feeling complained of is more that of weight and tension, though on going to stool the pain is often very acute. To relieve the existing condition, the compound gall ointment or a solution of acetate of lead and opium should be freely and frequently applied, an an enema of cold water used after each action of the bowels.

In the chronic stage the best application is the common pitch ointment. For this useful piece of knowledge I am indebted to a Mr. Corbett, and he it appears, got the hint from an old nurse by seeing her apply some tarred rope. Its astringent effect is something remarkable, and I know of nothing which acts so quickly and effectually.

The general treatment has to be directed toward altering the particular mode of living which has brought about the abnormal condition. Hence all luxurious and sedentary habits, hard riding, veneral excesses, the use of aloetic purgatives, should be forbidden; while the object of the *medicinal treatment* should be to keep the bowels freely relieved and lessen as much as possible portal congestion. Dr. Young, of Florence, wrote a paper in the *Practitioner* of January, 1878, upon the use of glycerine internally in these cases, but I do not think that it has any specific action upon the hemorrhoids themselves. The improvement which he says takes place is, I fancy, in all probability simply due to an increased action of the bowels, which it produces. Confection of senna is a particularly useful and by no means unpleasant aperient in these cases. I would, however, rather suggest the use of a euonymin pill occasionally at night, with a dose of effervescing Carlsbad salts in the morning, as these have a direct effect upon the portal circulation. In conclusion, I would remark, that I cannot speak too strongly with regard to the effects of the pitch ointment, for I feel certain that the necessity for operative measures may often be prevented by its timely use, and I would recommend every one to give it a trial where the compound gall ointment is ineffectual.

A SIMPLE APPARATUS FOR THE TREATMENT OF FRACTURES OF THE CLAVICLE.—Dr. L. A. Dugas, in the *N. O. Med. and Surg. Journal* for January, describes his method of treating fractures of the clavicle. He discards all axillary pads as inefficient and injurious. To meet the usual indications in this fracture he prepares and applies an apparatus as follows: a square yard of unbleached shirting is cut diagonally so as to form two triangular pieces. To each of the acute angles of one of these pieces a three-inch bandage, four yards long, is sewed. This completes the apparatus. The displacement is then reduced by carrying the shoulder upward, backward, and outward. Then the middle of the long side of the triangle is applied beneath the elbow, leaving a margin of four inches behind, the right angle being directed toward the fingers. One of the acute angles with its bandage is now carried between the arm and chest, up to the fractured clavicle, around the back of the neck, over the sound shoulder in front and beneath the axilla, and finally around the arm just above the elbow. The other end of the strip is then carried up, in front of the forearm, to the sound shoulder, behind and beneath the axilla, and around the chest and arm, so as to meet its fellow to be tied to it. Finally, the margin left projecting behind the elbow should be elevated, doubled, and stitched, so as to prevent the elbow from sliding out. The strips encircling the arm should also be stitched to prevent displacement.

This bandage is said to be a very comfortable one, easily applied, and efficient. *Med. Record.*

RULES FOR THE TREATMENT OF CROUP.—Dr. W. H. Day, gives the following as the result of a long experience in this disease (*Medical Press and Circular*, November 5th, 1879):

The temperature of the room should not be lower than 65 degrees.

1. The vapor bath is indispensible in the treatment of croup, and should be used at the com-

mencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapor bath, especially if the tracheal membrane is dry; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of a successful termination, because it is then possible to prevent the tracheal secretion becoming organized.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion; and the weaker the patient the less will be the chance of recovery.

5. Tartarized antimony should, however, be mainly given for the purpose of producing vomiting; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered primæ viæ, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a favorable termination; and we should then begin, if not before, to support our patients with good beef tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minim doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes in well, because antimony should not be long continued in any of the diseases of children, and it certainly ought not to be in this disorder.

THE OLD OAKEN BUCKET,

As revised and edited by a "Sanitarian."

With what anguish of mind I remember my childhood,
Recalled in the light of a knowledge since gained;
The malarious farm, the wet, fungus-grown wildwood,
The chills then contracted that since have remained:
The scum-covered duck-pond, the pig-sty close by it,
The ditch where the sour-smelling house-drainage fell;
The damp, shaded dwelling, the foul barn-yard nigh it—
But worse than all else was that terrible well,
And the old oaken bucket, the mould-crusted bucket,
The moss-covered bucket that hung in the well.

Just think of it! *Moss* on the vessel that lifted
The water I drank in the days called to mind,
Ere I knew what professors and scientists gifted
In the water of wells by analysis find.
The rotting wood fibre, the oxide of iron,
The algæ, the frog of unusual size,
The water—impure as the verses of Byron—
Are things I remember with tears in my eyes.

An to tell the sad truth,—though I shudder to think it,—
I considered that water uncommonly clear,
And often at noon, when I went there to drink it,
I enjoyed it as much as I now enjoy beer.
How ardent I seized it with hands that were grimy!
And quick to the mud-covered bottom it fell;
Then soon, with its nitrates and nitrites, and slimy
With matter organic, it rose from the well.

Oh! had I but realized, in time to avoid them,
The dangers that lurked in that pestilent draught,
I'd have tested for organic germs and destroyed them
With potassic permanganate ere I had quaffed;
Or perchance I'd have boiled it and afterwards strained it
Through filters of charcoal and gravel combined,
Or, after distilling, condensed and regained it
In potable form, with its filth left benind.

How little I knew of the dread typhoid fever
Which lurked in the water I ventured to drink!
But since I've become a devoted believer
In the teachings of science, I shudder to think.
And now, far removed from the scenes I'm describing,
The story for warning to others I tell,
As memory reverts to my youthful imbibing,
And I gag at the thought of that horrible well,
And the old oaken bucket, the fungus-grown bucket,—
In fact, the slop-bucket,—that hung in the well.

J. C. Bayles.

—*The Sanitarian.*

When to Trephine.—Trephining is always dangerous when it establishes a communication between the arachnoidian cavity and the air. Primary trephining may be resorted to in cases of convulsions which are caused by a limited depression of the skull, or by general hemiplegia accompanied by stertorous breathing and loss of consciousness. In all other cases it is best to wait, as it often happens that all these symptoms disappear without surgical treatment. If, however, the serious symptoms persist, or become more intensified, the operation must be resorted to at once. The operation is indicated in cases where it is necessary to raise

up or remove fragments of bone which irritate the brain, to remove a foreign body, or to evacuate an accumulation of blood in the brain. It may also be performed at a later period for the purpose of removing splinters, raising a depression, or evacuating a purulent extra or intra-cerebral gathering. If, however no apparent lesions or accidents take place after a trauma of the skull, it is advisable to wait. If the patient present depression of the skull without any brain-symptoms, the surgeon must hold himself in readiness to trephine at a moment's notice. The same precautions must be taken in a case of traumatic fracture without depression. If the patient be comatose, the operation must be resorted to in cases of depression of the skull, or of paralysis or convulsions of the opposite half of the body. M. Lucas Championniere is so much in favor of trephining, that he regards it as indicated in cases of paralysis where all other symptoms are absent. In secondary paralysis, the indications are less formal. In general hemiplegia, the operation may be safely performed, as the lesion is probably an extensive one. In cases of convulsions, with or without paralysis, the operation is *de rigueur* if the convulsions be localized. As far as fractures of the inner table are concerned, trephining must be performed whenever the symptoms appear serious. The trephine must be applied to that particular spot of the surface of skull which corresponds to the affected centre. The latter can easily be indentified by symptoms of paralysis or localized convulsions. It does not do to be too timid; and a number of trephines can be safely applied.—*Monthly Abstract.*

Neurotomy: a Substitute for Enucleation.—The lamentable effects which a sightless eye frequently produces upon its sound fellow has established as a law of ophthalmic surgery than an eye lost from accident, and which continues to be painful, is a dangerous organ. There are many cases, however, in which, in spite of the uselessness of the organ, and the recognized danger of sympathetic affection of its companion, strenuous objection is made to enucleation. In order to gratify the desire of these patients, and at the same time to preserve them from anticipated evils, Dr. Chisholm proposes division of the nerves entering the eyeball. As is well known, most of these nerves pierce the sclerotic in the immediate neighborhood of the optic nerve entrance, in conjunction with many of the vessels supplying the eye. The operation is performed by making a vertical incision over the tendon of the internal rectus muscle; this tendon is then divided, and the eye rotated forcibly outward by traction on the insertion of the tendon; a pair of strongly curved scissors is next introduced, and all the tissues in the neighborhood of the optic nerve divided. Deep sutures are placed in the severed muscle, the eye closed, and simple water-dressings applied. The hemorrhage is sometimes considerable, requiring a compress and bandage to control it, but it does not usually last long. Owing to the escape of blood into the posterior portion of the orbit, there is generally a good deal of exophthalmia, which, however, soon disappears. In the seven operations performed, recovery has been rapid and the success perfect. Dr. Chisholm thinks he can confidently recommend this operation to the attention of the profession, as possessing, in many cases, all the advantages of enucleation without the disadvantage of the subsequent use of an artificial eye. —*Virginia Med. Monthly* Nov. '79.—*Medical Record.*

Consumption Cured (?).—Prof. Rokitansky, the younger, has astonished the medical world with the statement that benzoate of soda, given by inhalation, will cure this disease We copy, from the Cincinnati *Lancet and Clinic*, the directions for its use, given by Dr. Kroczak, of Innsbruck: "We use one part of benzoate of soda in a five per cent. solution, twice daily, to the thousand of the body-weight, by means of a good atomizer, for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly returning appetite with meat diet, fresh air and abstention from all debilitating causes." It will be well to wait for further trials of this much-vaunted remedy before ordering it in any excessively large quantity.—*Cin. Med. News.*

Picrotoxine in the Night-Sweating of Phthisis.—Dr. W. Murrell recommends this substance, the alkaloid of *Cocculus Indicus*, as a remedy for the night-sweats of phthisis. He uses a saturated watery solution of the salt, about 1 in 180; of this solution one drachm is added to eight ounces of water to make a mixture, of which the dose is one to four teaspoonfuls at bed-time, or three to five teaspoonful doses may be taken during the day, the last at bed-time. In twenty cases, not in any way selected, the remedy failed in only one.—*The Practitioner*, October 1879.

Cold-Water Pillow.—William Woodward, M.D., writes, in the *British Medical Journal*: "In several cases lately I have had recourse to the use of a cold-water pillow, with very marked benefit, where headache, heat of head, and similar symptoms have prevailed. Any one who has experienced the vain attempt to find any permanent cool place in a feather pillow when desired will at once appreciate the above expedient, which, however may not occur to every one at the required time."—*Louisville Medical News.*

Hypodermic Syringe as an Aid to Diagonis.—Dr. David Drummond, Lecturer on Clinical

Medicine at the Newcastle-on-Tyne Infirmary, gives details of three cases in which he employed the hypodermic syringe as an aid to diagonis. The first was a case of aneurism, with physical signs of effusion of fluid into the left pleural cavity; the syringe showed there was no fluid, but a solid lung, which led to the conclusion that the left bronchus was pressed upon by the aneurismal sac, and this was afterwards verified in the *post mortem*. In the second case, cancer of lung and liver was suspected, and the syringe drew off characteristic cells; and in the third case, it demonstrated pus in the kidney, which was afterwards aspirated with good result.—*Dublin Journal of Medical Science.* January. 1880.

Surgical Operations During Pregnancy.—W. Cadge, F.R.C., Senior Surgeon to the Norfolk and Norwich Hospital, in the *Lancet* reports a case of recurrent tumour of the breast, for which it became necessary to operate no less than thirteen times, during a period extending from April 13th, 1874 to December 20th, 1865. She was confined on the 21st, of September, 1875, and several of these operations were performed in the latter months of uterc-gestation, and one very severe one in the early stage of labor itself, and in every instance without, on the one hand, interfering with the important process of gestation, and on the other, without impeding the recovery from the operation itself. As Sir James Paget pithily says: "It would be mere recklessness to operate on such patients without good cause, yet if good cause for operating exists, they may be treated very hopefully." The patient died in the early part of 1876, from exhaustion.—*Med. & Surg. Reporter.*

Successful Removal of the Uterus.—In a case of ovariotomy, operated on by Dr. T. G. Thomas at the Woman's Hospital a few weeks ago, the uterus was entirely removed with the tumor. The tumor was a cystic one, and firmly embedded in the uterus. A ligature was placed around the neck, and amputation performed just above this. No other special measures were adopted. The tumor was a very large one, weighing about forty pounds. This is, we believe, the first successful case of removal of the whole uterus that has occurred in New York.—*Med. Record.*

A Sad and Suggestive Picture.—"I've been in twenty-four states and have seen a good many physicians," and a well-to-do physician who has made his pile, "and I don't understand why the most of them have such small practices . . . But I discovered something that surprised me. I visited scores of physicians whose whole library I would have no difficulty in carrying off at once. One leading physician of a certain town did not have a bound book either in his office or house that I saw only a few pamphlets and journals. Others that I met did not seem to be absorbed in their business. A man can not succeed unless his profession absorbs him."—*Exchange.*

Operating by the Electric Light.—On the 11th inst., Mr. Berkeley Hill operated or vesico-vaginal fistula in University College Hospital while the vagina was lighted up by Mr. Coxeter's application of the glowing platinum wire. The apparatus consisted of a fine wire twisted into a small knot. Through this knot was sent a continuous galvanic current, strong enough to maintain the wire at a white heat. The wire was enclosed in a glass chamber, which was itself also enclosed in another glass cover. Through the space between the glasses a current of water was allowed to flow, in order to preserve a low temperature round the light. The afternoon, which was dark and foggy, afforded a good opportunity of testing this plan of lighting up deep interiors, and the illumination was completely successful. A strong light was maintained for more than an hour, close to the margin of the fissure, without impeding the manipulations of the operator. A considerable number of spectators assembled to witness the result of the illumination, and were highly pleased.—*London Lancet.*

Eczema Intertrigo of Infants:

℞. Plumbi acetatis . . . . . gr. xxx
Acidi acetici diluti . . . ℥ ij
Glycerine . . . . . ℥ iss.
Aquam rose ad . . . . . ℥ viij. M.

Wash the sore parts well with soap and water, dry carefully, then apply.

Dr. H. B. Hodges writes to the *British Medical Jouanal*, that in hundreds of cases, during a century of practice, he never knew the above fail to cure the disease. He uses no internal medication.—*Med. and Surg. Rept.*

Cystic Kidney Removed by Operation.—Dr. Day exhibited, at a late meeting of the Pathological society of London, this specimen, which had been removed by Mr. Knowsley Thornton from the left side of a girl aged seven years. The patient presented a large, irregular abdominal tumor, the nature of which was doubtful. A swelling had been observed since the girl was two years of age, but she had not suffered from pain or discomfort. Last November an exploratory puncture was made in a part of the tumor between the umbilicus and pubes, where fluctuatiou was felt. Urinous fluid, which contained albumen, was drawn off to the amount of six pints and a half. The cyst rapidly refilled, and on January 3rd it was removed by Mr. Thornton, and found to be connected with the left kidney. The ureter was impervious, so that there was danger of the distended cyst bursting.

THE CANADA LANCET.

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TORONTO, MARCH 1, 1880.

INTEMPERANCE IN STUDY.

The January number of the English "*Journal of Mental Science*," publishes, under the above heading, a very valuable article from the pen of the distinguished Daniel A. Tuke, M.D., F.R.C.P. This was one of the papers read in the Psychological section of the British Medical Association in August last, at Cork, where it was received with that welcome and deference to which its own merits, and the high celebrity of its author, justly entitled it.

We should have much pleasure, did our available space permit, in reproducing Dr. Tuke's paper entire, for we have rarely met with any article presenting in so succint a form, or in so terse and forcible terms, the evil results of "excessive mental work." The larger portion of Dr. Tuke's paper is given to illustrations of the diastrous consequences of brain over-work in the so-called respectable schools of England, and all he says in this relation is quite as applicable to this province, and indeed to the whole of North America as to our mother country; but though we could wish that every parent on this side the Atlantic, and every teacher in our schools, should read and well ponder Dr. Tuke's salutary admonitions, we must content ourselves with a few extracts from his second part, in which he deals, with a master's hand, with the present agglomerate system of *medical education;* and we do not believe there is in Canada a single medical practitioner, or a single rational teacher, who will decline to endorse his views, of which the following abstracts will enable the reader to form a guiding conception.

"I wish now," he writes, "to refer to the present system of *medical* education. How can it be otherwise than injurious when we consider that during recent years the amount of knowledge which it is necessary to master, has prodigiously increased in every department; while the length of time in which to acquire it remains the same?"

"In regard to some examinations, a tremendous burden is laid on the memory. There is a long period of strain, the climax of which is reached when the period of examination arrives, during which the student's mind has to hold in solution the details of knowledge on many subjects. It is often a solution saturated with minute facts and figures, many of which are of no permanent use, and, indeed, cannot be remembered any longer. The mind is cramped and narrowed by this mischievous cramming, as must necessarily happen when the issue of an examination is made largely to depend on a retentive memory. . . .

"Had Hunter been trained upon the present system, had he been weighed down by tightly compressed facts when a student, and, subsequently, by out-patient seeing, on the one hand, and pupil examining on the other, it is scarcely to be supposed that even his mind could have burst the iron fetters, and could have regained its elasticity and love of work, or that even he could have found time for those reflections which gave such impulse to the science and practice of surgery" (Prof. Humphrey's Hunterian oration Feb. 1879.)

"One source of mischief lies in the fact that an examiner constantly forgets that the department in which he examines is only one of many, and hence he requires a degree of perfection which is simply absurd—one which, however suited to honours, is totally unreasonable in a pass examination; and it must be remembered that the severity of an examination cannot be guaged by a reference to the questions which happen to be asked at a particular examination. "The student has to prepare himself for all possible questions, ranging over very wide areas of knowledge, and involving an acquaintance with a multitude of speculations put forth by Continental as well as English writers. Hence it is not surprising if, in the anxiety to pass the ordeal, success is too often won at the risk of prolonged mental prostration. Failure, on the other hand, involves besides this, the dangers arising from disappointment and chagrin.

"At an assembly of medical teachers and practitioners, presided over by Dr. Andrew Clark,

Mr. Huxley said, that "to expect students to pass an examination on the subjects in which they are now examined, after only four years study, was little short of criminal. He characterized the attempt to "cram the student with all these subjects as utterly preposterous. The amount of work expected is simply gigantic." Mr. Hutchinson said: "The best memories stagger under the present load." That after four years' study a student can be expected to bear his subjects in mind is simply an absurdity.

We earnestly commend to our own medical examiners, the following but too pertinent words of Dr. Tuke, in relation to the indiscretion or ill-judgment of perhaps too many of their number.

"I would hope it is unnecessary to say that the crotchets of individual examiners should not tinge the questions, or rather the judgment formed of the answers. If the questions which are now asked are not too severe when taken alone, they are regarded by many competent judges as frequently too severe when taken in combination with the other subjects examined upon, and they are sometimes calculated to puzzle the student, from the form in which they are worded. Not long ago an examiner at the London University, speaking to another examiner, boasted of the puzzling questions he had been ingenious enough to ask, whereupon the other replied, to my great satisfaction, "you should try and find out *how much* not *how little* the student knows." I should have no fear of the questions being unreasonable, when put by a wise common-sense Professor—like this, whereas some learned men expect a student to reach in a few months the level of their own mature knowledge."

"I would adopt the language of Professor Humphrey, and say, with Democrates, 'we should strive not after fullness of knowledge, but fullness of understanding,' that is, that we should strive for good, clear, solid, intelligent, produceable and available knowledge, of the kind that will be useful in after life; not so much the refinements of chemistry, anatomy and physiology, which stupefy and then pass away like chaff before the wind, but the essential fundamental facts and principles, welded together, and so woven into the student's mind that he can hold them firmly, and wield them effectually; and that he is conscious of them, not as the goods of other men, or as dogmas which he has, because they were imposed upon him; but as his own possession, of which he appreciates the value, because he knows how to use them."

So much for the views entertained by Professors Huxley and Humphrey, and Doctors Hutchinson and Tuke on the subject of medical examinations, and as at this moment our own examiners, whether those of the medical schools, or of the College of Physicians and Surgeons of Ontario, may already be preparing for their spring work, and puzzling themselves over the framing of the questions to be submitted by them to students, we would most respectfully, but also most earnestly, entreat of them, to be merciful in their strength, and to endeavour to discover rather how much a student knows, than how much he does not know; but above all that they will avoid the serious error of seizing the occasion for a pedantic exhibition of their own profound erudition, under the illusory expectation that they will thus elevate themselves in the estimation of the truly clever portion of the candidates, or of their own competent fellow examiners. We do not write this without knowing whereof we speak. We have seen, in some of the printed lists of questions of past years, a few such as the London University examiner boasted of having been able to frame; but if the purpose of the framers was to exhibit their own profound knowledge, we must say they signally failed of that achievement; indeed, in not a few instances the impression left on the minds both of the students and the co-examiners was, that these puzzle-framers were as much befogged in their process of elaboration, as their anticipated victims were in their efforts to divine the meaning of their muddy questions. It is our belief that every question put to a student, at whatever period of his curriculum, should, as Professor Humphrey has so well put it, be so constructed as to elicit that "good, clear, solid, intelligent and produceable knowledge, that will be useful in after life," and not to pump up from an over-crammed maw an undigested and indigestible mass of things which have been swallowed within the last few weeks or months and not one in every ten of which may ever after be regarded by the dyspeptic martyrs otherwise than with abhorrence. A rational and fair final examination may be one of the best lectures the student has ever heard; a pedantic puzzling one must ever be looked back to with disgust.

SHORTENING OF THE SUMMER HOLIDAYS IN PUBLIC SCHOOLS.

Among some amendments to the School Act, introduced by the Minister of Education recently, in the Ontario Legislature, it was proposed to reduce the summer holidays in country districts, from six weeks to three. This amendment very properly met with considerable opposition from the medical men in the House, who considered the subject from a sanitary point of view. Letters were also read before the house from prominent medical men in the city and elsewhere, in which the opinion was expressed that it was highly injurious to health to keep children closely confined in school during the latter part of July and the month of August. The medical gentlemen were unanimous in the expression of their views, and the Minister of Education yielded so far as to make the shortening of the holidays optional with the authorities of the various districts. Confinement of the children in the heated and vitiated atmosphere of a close school-room during the hot summer months cannot but be injurious to health. It is during this season that diseases of a diarrhœic character are most prevalent, and the breathing and re-breathing of the vitiated atmosphere of the, in most cases, imperfectly ventilated school-room, cannot fail to aggravate and increase the tendency to these affections, and generate others also of a zymotic type. Children should be allowed as much as possible to romp about in the open air, and, as far as practicable, encouraged to get up their lessons in the open air, or at their own homes, and thus shorten as much as possible the hours of confinement in school. Their education must be attended to, but surely the promotion of their health, and the best means of maintaining it in the highest physical condition, should have the first attention of all educationists. Parents and others should bear in mind that an education gained at the expense of health is of no value, and the importance to the growing child of keeping him in the best physical condition should never be lost sight of.

We direct attention to this subject so that our medical brethren in different parts of the country may use their influence to prevent, as far as possible, the carrying out of the contemplated change. We are well aware that trustees and others who know nothing of sanitary matters, and who look at everything from the dollars-and-cents point of view, regard the shortening of the midsummer holidays with favor, as enabling them to get more work out of the teacher for the pittance of a salary paid him. There, is, therefore, the greater necessity for the active sympathy of those who have the highest interest of the children at heart.

ACT RESPECTING CORONER'S INQUESTS.

A bill has recently passed the third reading in the Ontario Legislature, respecting coroner's inquests., the intention of which is to prevent the holding, by coroners, of unnecessary inquests. There are only four clauses in the bill, the principal one being to the effect that a coroner, prior to issuing a warrant for summoning a jury, shall have made a declaration in writing, under oath, before a Justice of the Peace, stating that from information received, he is of the opinion that there is reason for believing that the deceased did not die from natural causes, accident or mischance, but from violence or unfair means, or the culpable or negligent conduct of others. This necessarily throws a good deal of labor and responsibility upon the coroner, without any remuneration. Much enquiry will be necessary in many cases—almost equal to a "crowner's quest" in the olden time—in order to satisfy the coroner of the necessity of holding an inquest, and for this trouble and loss of time, he should certainly, in all fairness, be paid a reasonable fee. The office of coroner is not either very lucrative or distinguished at best, and we fear that the result of the legislation will not have any tendency to elevate it in the eyes of the profession. We would like to have seen an amendment giving the coroner discretionary power to order post mortem examinations where he deems them necessary. In fact this will, we apprehend, be necessary in some instances before a conscientious coroner can swear that he considers an inquest necessary. There is among the laity a strong antipathy to *post mortem* examinations, much of which might be removed by increasing the facilities for this in many cases most necessary, and to the profession, most valuable procedure. We very much regret that the Legislature when making these amendments, did not see fit to include one

for limiting the districts, especially in cities, to be embraced by the respective coroners, and thus prevent the unseemly scramble that sometimes takes place to get possession of the body for the purposes of an inquest.

COMPULSORY REGISTRATION OF INFECTIOUS DISEASES.

The title of this article formed the subject of an able address by Dr. J. W. Moore, before the Dublin branch of the British Medical Association, in which he reviewed the progress that has been made with regard to disease registration. Some extracts from this paper may prove interesting, especially as the subject is attracting no little attention in Canada at the present time. It is evident that if we wish to gain a true knowledge of the health of the people it is necessary that we should have some means whereby we may know what diseases prevail. The death rate is acknowledged to be insufficient for this purpose even in England, where the returns of mortality are published weekly. What shall we say then of Canada, where in some provinces, registration of deaths is not even compulsory, while in others, Ontario for instance, the returns are only made available about two years after the events ocurred which are there recorded?

"Viewed as a problem in political economy, there can be no doubt regarding the paramount importance of ascertaining the actual sanitary state of a population at a given time. Death is one thing—disease is essentially another. An epidemic of influenza or of rötheln, characterized perhaps by a very low percentage of mortality, may, notwithstanding, by its mere excessive prevalence, paralyze a community to a far greater degree than a very fatal, yet limited outbreak of cholera." "Difficulties, no doubt stand in the way of carrying out an effective system of disease-registration; but they are not insurmountable, and the fact that several European governments have long since inaugurated and prosecuted such a system should encourage us in essaying to follow their example." Dr. Moore however advocates a compulsory notification of cases of infectious diseases to the sanitary authorities, as well as the general registration and publication of the tabulated results at frequent intervals. Parliamentary powers have been sought and obtained by fifteen towns in England and Scotland for the carrying out of the part relating to compulsory notification; but little has been done in regard to the registration of disease. The notification of the existence of infectious diseases is made compulsory on the occupier or person having the management or control of the building in which the disease occurs. The medical practitioner on being called in is compelled to fill up, sign, and deliver to the occupier or person, etc., a certificate of which the following is a sample:

"——— Improvement Act —— Section ——

Pursuant to the above mentioned Act, I hereby certify and declare that, in my opinion, the undermentioned person is suffering from a disease within the terms of the said Act.

(Signed) Medical Practitioner duly Registered.

1. Name of person suffering from the disease. 2. Situation of building wherein such person is. 3. Name of occupier or person having the management or control of the building. 4. Nature of the disease.

Take notice that this certificate must be delivered at the office of the Sanitary authority (to the clerk or servant of the authority in attendance there) under a penalty not exceeding —— pounds."

The blank forms for these certificates are furnished by the authorities to the medical practitioner, and for each case he reports he receives a fee varying from one shilling in some places, to two shillings and sixpence. The sanitary authorities are to report the existence of any disease of which they are notified, and to post in public places any order in reference to the same.

The provisions thus made for obtaining a knowledge of the existence of diseases which are considered to be dangerous to public health generally, are such as should meet with the support of all who wish to see epidemics nipped in the bud, and contagious or infectious diseases quickly exterminated. The time is rapidly approaching when measures for the prevention of disease will be general throughout the world, and we may reasonably expect that the death-rate from preventable causes will be considerably diminished.

There is no reason why on this continent public health affairs should not be most successfuly dealt with, and we hope to see the time when the interchange of reports with the United States, regarding the existence of contagious or infectious diseases, will be regarded by our Government as being one of the most important features of protection.

GRATUITOUS PRESCRIBING. — A correspondent asks, "if an unlicensed person who feels disposed can prescribe and give medicines gratuitously without rendering himself amenable to the law?" In reply we would say that the law cannot reach the individual, unless it can be proven that he practices medicine for *hire, gain*, or *hope of reward.* The law does not contemplate any interference with the liberty of the subject, further than is necessary for the general welfare of the public. Our correspondent seems to think that "all unlicensed persons should be strictly prohibited from giving medicine of any kind, even if they "give it gratuitously." Surely our correspondent does not contemplate prohibiting the mother from administering a dose of castor oil or senna tea to the children, or the kindly neighbor from recommending an infusion of catnip or sage tea to her female friend who thinks she stands in need of it. No law, however carefully framed, could prohibit such a thing, nor would it be expedient to do so. As long as we have people in the world who will stand with their mouths open, ready to swallow any decoction that may be recommended for their relief, just so long will you find persons ready with every sort of remedy, both harmless and otherwise, to meet the exigencies of the case. As a general thing, when persons become seriously ill they are not long in sending for a medical man, either licensed or unlicensed, and neither will be disposed to attend the patient for any great length of time without the hope of being rewarded in some way or other, and the manner of the reward will not be long in being discovered. It will then be a matter of no great difficulty to proceed against the unlicensed practitioner for a violation of the Act relating to the practice of medicine.

A CLEVER DODGE.—The following method of raising money, although not altogether new is worthy of notice :

Dear Sir,—Passing through Seaforth the other day on my return from a professional visit, I happened to pass you a couple of times on the street and as I have frequently had occasion to do before on other occasions, I noticed that your physical condition is very poor. On account of the long experience I have had in such matters, I do not often make a mistake in singling out at first glance a victim of youthful error, many of whom I have been the humble instrument of rescuing from a premature grave. If you doubt my statements I can give you ample proof of their truth, and if I can use my skill and experience in restoring you to your health I shall be only too glad to avail myself of the opportunity, as you are not yet beyond the power of cure. Delay however is dangerous, and as I guarantee to cure, you cannot do better than consult me. As my time is at present very much occupied, I cannot in no case answer a letter professionally unless it is accompanied by one dollar. Do not delay in communicating with

J. FENCALL.

Toronto, Feb. 6th, 1880.

TORONTO EYE AND EAR DISPENSARY.—The Directors of the above institution have just issued the report for 1879. The institution has been carried on exclusively as a dispensary during the last six months of the year, and the result has been most satisfactory. During that time 184 patients were under treatment, and an average of 24 patients constantly under treatment. The directors recommend the continuance of the work.

A NEW NOSE.—The operation for restoring a lost nose has been recently successfully performed in the Bellevue Hospital, New York. The middle finger of the right hand was used to supply the needed tissue. The nail was removed and matrix destroyed, after which an incision was made along the palmar surface of the finger and the skin dissected back on either side. The flaps were then united to the sides of the nasal openings by fine sutures and the hand firmly bound to the face by plaster of Paris bandages ; after union has taken place the finger will be amputated, and the new nose fashioned into proper shape.

A REAL HYGEIOPOLIS.—It appears from reports given by Dr. W. Myers, surgeon to H. M. S. *Centaur*, that Wen-chow, in China, a newly opened port on the east side, is an actual "Hygeiopolis," *a la* Dr. W. B. Richardson, of London. He says that all the main and pleasant features of "Hygeiopolis" above ground are to be found in Wenchow. The London *Lancet*, in alluding to it, says, "that this resemblance leaves no choice to the Health section of the Social Science Association, but to visit the place, with Dr. Richardson as President."

THE AUDIPHONE.—This instrument, which is an invention by Mr. Rhodes, of Chicago, has been found of great value in enabling deaf persons to

hear, the sound being conveyed through the medium of the teeth and auditory nerve. It is made of hard rubber, in the shape of a fan, very thin and elastic, and when in use is placed against the interior edge of the upper teeth, and the sound falling upon the external convex surface of the instrument is conveyed to the auditory nerve. Persons who have been deaf for years have been enabled to hear by its use.

MALTINE.—This new preparation has been received with marked favor by the profession. For some time past we have been using it in our practice, and can speak from experience as to its merits. It is a most excellent nutritive tonic, and will be found most valuable in the treatment of nervous prostration, general debility and exhaustion, and also in lingering convalescence from fevers or other depressing affections. Combined with cod-liver oil it will be found highly beneficial in the treatment of pulmonary diseases, while the combination with pepsin and pancreatine is almost invaluable in the treatment of dyspepsia.

CANADIANS ABROAD.—B. Spencer, M.D., Trinity College, and W. H. Burton, M.D., Toronto University, have successfully passed the primary examination of the Royal College of Surgeons, England.

REGISTRAR-GENERAL OF GREAT BRITAIN.—Sir Brydges Heniker has been appointed Registrar-General of Great Britain instead of Dr. Farr, whom everybody expected would receive the appointment. The appointment is entirely disapproved by the medical profession, as the appointee is in no way qualified for the position.

VAGINAL HYSTEROTOMY.—Prof. Jenks, of the Chicago Medical College, has recently performed with success the rare operation of vaginal hysterotomy, removing the entire uterus through the vagina. The uterus was the seat of malignant disease and was so involved that nothing short of entire removal held out any hope of benefit. The patient made a rapid recovery.

IMPROVED MEDICINE BOTTLE.—Mr. J. H. Earle, of Fall River, Mass., has invented an improved medicine bottle, designed to receive and support the spoon used in taking the medicine. The bottle has upon one side of its base a cup of suitable size and shape to receive the greater part of the spoon bowl, and near the top is a clip for holding the handle. It is known as Earle's medicine bottle.

APPOINTMENTS.—Dr. R. Lesslie has been appointed Assistant Medical Officer at Trinidad. Drs. A. E. Malloch and E. G. Kittson have been appointed Visiting Physicians to the City Hospital, Hamilton, Ont., and Dr. Rosebrugh has been appointed on the Consulting Staff.

ONTARIO MEDICAL COUNCIL ELECTIONS.—Dr. Day, Trenton, is a candidate for the representation of Quinté and Cataraqui Territorial Division in the Ontario Medical Council.

VIBURNUM PRUNIFOLIUM TO AVERT ABORTION.—This remedy has now come to be regarded by many medical practitioners as a most valuable agent for the prevention of threatened abortion and miscarriage. It is administered in teaspoonful doses of the fluid extract every one or two hours, which soon checks the pains and hæmorrhage.

COMMON SALT AS A LAXATIVE.—A teaspoonful of table salt in a glass of cold water, half an hour before breakfast, is recommended by Dr. Weir Mitchell, Prof. Yandell and others, as an efficient remedy for constipation of the bowels. With most persons it acts pleasantly, promptly and effectually.

INTERNATIONAL MEDICAL CONGRESS OF 1881.—At the ordinary meeting of the Royal College of Physicians of London on Thursday last, the President brought forward a proposal that had been made to hold the Medical Congress in London in 1881, and it was resolved that it was desirable such a Congress should be held, the President being authorized to take, conjointly with the President of the Royal College of Sugeons, the necessary preliminary steps.

COOK'S GRAND EXCURSIONS TO EUROPE.—People who contemplate travelling in Europe will consult their own interests by investigating the Grand Excursions arranged by Messrs. Thomas Cook & Son, of London and 261 Broadway, New York, for the year 1880. We have before us a handsome pamphlet of 64 pages, just issued by the above firm, giving full particulars of their tours,

with details of routes and rates, which include all necessary expenses of travelling from the time the tourist leaves New York till his return. A handsome Map of Europe shows the routes which Cook's parties will follow.

THE celebrated Oculist, Dr. Soelberg Wells, died at Cannes, on December 3rd, whither he had gone to recruit his health.

CORONERS.—Alfred Clarke, M.D., of Prince Arthur's Landing, has been appointed Associate Coroner for the district of Thunder Bay.

J. McDonald, M.D., has been appointed Coroner for the county of Northumberland, N.B.

F. Oakley, M.D., of Streetsville, has been appointed an Associate Coroner for the county of Peel.

J. D. Lafferty, M.D., of Pembroke, has been appointed Associate Coroner for the county of Renfrew.

THE announcement of the death of Dr. Bovell, formerly of Toronto, will be seen in another column. An obituary notice will appear in our next issue.

THE death of Sir Dominic John Corrigan Bart, M.D., of Dublin, on the 1st ult., at the age of 78 years, is reported in our English exchanges.

Books and Pamphlets.

ON INFANT FEEDING, AND ITS INFLUENCE ON LIFE, by C. H. F. Routh, M.D., M.R.C.P.L.; New York: Wm. Wood & Co. Toronto: Willing & Williamson.

Whether for the valuable matter of the text, or the ample statistics by which it is illustrated, we may justly say that this work of Dr. Routh is a contibution to the important department of medical practice of which it treats, which must be warmly welcomed by every member of the profession, but more especially by those who desire to acquire useful information on the causes of infantile maladies, and the hygienic measures requisite for their prevention. Dr. Routh's tables, exhibiting the comparative mortality of childhood, in the *civic* and the *rural* districts of England, are almost startling, and might lead us to the belief that but for the replenishing of the former from the latter, the population of the large towns must soon dwindle down to low figures. Dr. Routh, after quoting a very graphic, and probably too true, depiction of Irish dirt, squalor and misery, adds the following reflection—"Here there were contingencies highly favourable to the generation of an atmosphere which, even in rural districts, would be likely to prove peculiarly fatal to infants, and which certainly could not be better, than hospital air, and yet the reverse is the case." We commend this passage to all the female tribe of dusters and scrubbers, and daily destroyers of carpets.

MATERIA MEDICA AND THERAPEUTICS, OF THE VEGETABLE KINGDOM, by Charles D. F. Phillips, M.D., F.R.C.S.E., edited by H. G. Piffard, A.M., M.D., New York. New York: W. Wood & Co. Toronto: Willing & Williamson.

This book, from its moderate size, 320 pages, must prove a valuable accession to the libraries of those practitioners who have not the time requisite for the full perusal of more ponderous works. As it brings under notice all the recent additions to the vegetable division of the materia medica, together with their physiological and therapeutic action, and their various preparations and doses, it must be very serviceable to those young practitioners who may already have begun to forget much of what had been told them, (not always in a very captivating manner,) in their class rooms. It may also be found a useless refresher of the mind and memory of those of riper years, who may, unconsciously, have been moving in rather rigid grooves, out of which it may sometimes be profitable both to their patients and themselves, that they should occasionally indulge in a switch-off, though it is by no means advisable that they should be led into the error of committing themselves to a wavering polypharmacy.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M.D., F.R.S. With Numerous Additions and Illustrations. By Henry Hartshorne, A.M., M.D. In three volumes. Vol., I., General Diseases and Diseases of the Nervous System. 8vo. Philadelphia: H. C. Lea. Montreal: Dawson Bros.

This systematic work on the practice of medicine, by the master minds of the medical profession in Great Britain, must take the position of the leading work on this subject in the English language. On the score of adaptability and cheapness, it must and will be found preferable to

"Ziemmsen's Cyclopædia," as the writers of it better understand the wants of the English and Canadian physicians. It presents within as small a compass as is consistent with its practical utility, such an account of all that constitutes both the natural history of disease, and the science of pathology, as will be of service in either preventing the occurrence, detecting the presence, or guiding the treatment of special forms of disease. We cordially recommend this work to those who desire a complete treatise on the history, pathology and treatment of disease. Sold by subscription only. Price, per vol., cloth, $5; in leather, $6. The second volume has also been issued, and the third and last will appear shortly.

PARACENTESIS OF THE PERICARDIUM, A CONSIDERATION OF THE SURGICAL TREATMENT OF PERICARDIAL EFFUSIONS. By John B. Roberts, A.M., M.D., Lecturer on Anatomy in the Philadelphia School of Anatomy, &c, &c. With illustrations. Philadelphia: J. B. Lippincott & Co. Toronto: Hart & Rawlinson.

This is the only work of the kind with which we are acquainted. It is an ably and sensibly written book, containing about 100 pages, and must prove acceptable to the profession, and especially to the surgeon.

A DICTIONARY OF GERMAN TERMS USED IN MEDICINE—By Geo. R. Cutter, M.D., Surgeon to the New York Eye and Ear Hospital, etc. New York: G. P. Putnam's Sons. Toronto: Willing & Williamson.

This work will be found useful to those interested in the German who are not quite familar with the technical terms and words in that language. It is the only work of the kind.

THE ALIENIST AND NEUROLOGIST. Edited by C. H. Hughes, M.D., St. Louis.

We have much pleasure in welcoming to our exchange list the above quarterly, of which we have received the first number. The contents are very instructive, and bear evidence of coming from the pens of men who know whereof they treat.

The first article, by Dr. Curwen, on "the Construction and Direction of Insane Asylums," is deserving of the careful attention of all officials entrusted with such duties.

The second article, by George M. Beard, M.D., of New York, treats of "the Sequences of Neuræsthenia," and is, as might be expected from its author, a valuable contribution.

The third, from the able pen of the editor, on "Patellar Tendon Reflex," throws some valuable light on this newly introduced diagnostic element.

The fourth, on "Aphasia and Agraphia," by D. Dean, M.D., is far more interesting than lengthy. The fifth, on "Cerebral Thermometry," is the first part of a translation from the Italian of *Maragliano and Sepelli*, by Dr. J. Workman, of Toronto. This is a new field of clinical enquiry, which must be largely cultivated before the value of the products can be justly appreciated.

No. six is a highly interesting article on "Important Nervous Diseases, following Enucleation of the Eyeball," and has been contributed by Geo. T. Stevens, M.D., of Albany.

Nos. seven and nine, by Pliny Earle, M.D., Superintendent of the Insane Asylum at Northampton, Mass., are, like everything from the pen of this clear and clever writer, sensible and forcible, and exhibit in unmistakable terms a fact which we have long regarded as demanding more careful enquiry than has hitherto been given to it—to wit, the high exaggeration of the ratio of curability of the insane, by the early writers on the subject.

The eighth article, on "Syphilitic Hypochondrias," by Allan McLane Hamilton, M.D., is a useful contribution, which should teach young practitioners that they will do well, in diagnosing delicate infirmities, to trust more to their own clinical sagacity and experience, than to the sanctimonious odour of their patients.

The selections, making up the residue of the *Alienist*, are well chosen, and if Dr. Hughes keeps up his journal to its initiative mark of merit, and as much above it as we have reason to anticipate, it must prove a valuable exponent of the branches treated of in its colums.

Births, Marriages and Deaths.

On the 16th January, at Merton Villa, Nevis, West Indies, the Rev. James Bovell, M.D., formerly of Toronto, Ont., in the 63rd year of his age.

On the 29th of December, 1879, Dr. J. R. Ash, of Centreville, Ont., in the 64th year of his age.

On the 22nd ult., Dr. A Higinbotham, of Belleville, in the 62nd year of his age.

On the 21st ult., in Detroit, R. W. Burnham, M.D., C.M., of Port Hope, in the 42nd year of his age.

In Hamilton, on the 24th ult., Charles F. A. Locke, M.D., C.M., in the 30th year of his age.

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Original Communications.

CROUP AND DIPHTHERIA.

BY DR. P. MARLINI.

(Translated from the Archivio Clinico Italiano.)

BY JOSEPH WORKMAN, M.D., TORONTO, ONT.

[The preceding part appeared in the *Archivio*, of 1st January, and treated chiefly of the symptoms, treatment, and statistics of cases observed by the author. In the succeeding number, of 10th January, he discusses, at some length, the subject of the non-identity of diphtheria and croup, and as some difference of opinion on this question yet obtains in this country, we venture to lay before our readers a translation of Dr. Marlini's second part.]

"Having learned the views of Professor Virchow on the pathological anatomy of these diseases, and the clinical distinctions made by Niemeyer, Oppolger, and Charles West, and having always been able, at the bed-side, to distinguish the two morbid forms, I had become convinced of their diversity. Whilst I was thus firm in my opinion, and had believed all dissent extinguished, there came to light, through a translation by Professor Maffei, a monograph on diphtheria, by Morell Mackenzie, in which, under a separate head, he speaks of laryngo-tracheal diphtheria, and regards it as no other than croup. Although he has treated the subject with much ability, or, as his translator says, with great mastery, still the proofs adduced by him in support of his thesis have tended far otherwise than to remove every doubt, and to irrefragably establish the truth of his assertion in such a manner as to lead me to change my faith."

He seeks, in the first place, to demonstrate that the anatomico-pathological differences in the structure of the two species of false membrane, of croup and diphtheria, are merely the hypothetic distinctions of Virchow. Everybody knows that Virchow admitted the existence of a diphtheritic exudation infiltrated into the substance of the mucous membrane, whilst that of croup was a transudation on its free surface, and that in the former it could not be detached without lacerating some part of the underlying texture, whilst in the latter it could be readily separated. In diphtheria, on the falling off of a patch of the infiltration, an ulceration remained on the mucous membrane, but in croup this surface remained almost sound, if exception be made of a slight degree of hyperæmia. In order to show that this is not true, Mackenzie says:—"In course of time Virchow was obliged to change his course, and to promulgate the idea that necrosis of the underlying textures was the notable characteristic of diphtheria." This modification only goes to confirm my belief in the difference, and to render it more conspicuous. We are not to regard as false, facts which have become modified in form, for then we must bring under doubt things most evident, as there have been hardly any observations in medicine which have not undergone subsequent modification. Mackenzie next adds, "Practically it has been found that this distinction was not more satisfactory than the first, since cases have come under observance, which responded clinically to croup, but in which there distinctly was death of the textures." But admitting, as matter of fact, the symptomatic similitude of primitive with secondary croup, or diphtheria, how does the author know that in a given case we are treating of the first and not of the second? The disease having had primitive origin in the larynx, does not signify that we have a true or primitive croup; but the true difference between this and diphtheria stands certainly in the anatomico-pathological lesions. Besides, as Mackenzie himself confesses, that, practically, cases of croup are presented, in which there is necrosis of textures, he virtually admits that the assertion of Virchow is not a mere supposition, or hypothesis, as we have above seen it called by him, but an observed fact. He afterwards says: "It has been observed that the difference in the degree of adhesion of croupal and diphtheritic exudations, is due to the difference in structure of the parts on which they are found."

In the first place, I would observe, that we are not now treating of simple adhesion, but actually

of a necrosis; and, next, leaving aside the fact that the anatomical modifications which are met with in these two morbid forms, interest, by unanimous consent, the mucous membrane only, which has an identical structure, whether on the pharynx or the larynx, and that the sole difference consists in the more or less adherence to the textures beneath, how happens it that, as he has said above, there are cases of croup in which there is death of the textures? This is equivalent to saying that in the mucous membrane of the larynx there may be necrosis, notwithstanding the supposed diversity of structure. Niemeyer, in his treatise on pathology, in the chapter on croup, expresses himself thus: "The diphtheritic process, which is observed on the respiratory mucous membrane, is distinguished from croup in this, that the exudation is not deposited *on* but *within* it, and that its texture becomes infiltrated, and its vessels compressed, and thus the membrane affected is killed, and an escar ensues; it is detached and it leaves a loss of substance, followed by a cicatrix."

The last argument which Mackenzie offers in support of his thesis is the following: "Wagner," he says, "who has given us the best work in this relation, has declared that his preparations of croupal and diphtheritic membranes are much alike." But even leaving out of account the difference between similarity and equality, does he not yet implicitly admit the distinction? Besides, Wagner cites examples only of morbid products, and not of anatomical lesions existing in the diseased parts. Mackenzie continues thus;—"and Reindfleisch admits that the pathological process of pharyngeal croup is the same as that which takes place on the larynx." This merely proves that, notwithstanding the above mentioned supposed difference of structure between the larynx and the pharynx, when we treat of the same morbid process, the pathological products observed in the two parts are identical. No one has ever denied that the croupous process may commence in the pharynx. After all, it appears to me clearly to be brought out that Mackenzie has in no way proved the pathological identity of the two diseases, and this failure has especially resulted from his want of observations and direct facts. Taking up next the examination of the clinical differences, he divides them into those related, 1st, to the seat of the disease; 2nd, to its manifestations. As regards the seat, he supposes, first of all, that the sustainers of the dualistic theory believe that croup is exclusively and essentially a disease of the larynx and trachea. But this is not at all true. All the authors agree in admitting two forms of croup,—the ascending and the descending. The pseudo-membranous croups may be found in the pharynx and the bronchi, and we all know that the genuine pulmonitis of adults is a true croup of the minute pulmonary air tubules. "It is the fact," adds Mackenzie, "that croup is ordinarily a disease which begins in the pharynx, whilst only 10 to 12 per cent. commence in the larynx." In this, as is seen, if we except a certain difference in the proportion, he is in perfect accord with his opponents. As regards the manifestations of the disease, he says "it is asserted by the upholders of the dualistic theory";—

1st. That "croup is a local disease, and diphtheria a constitutional one." It is true, he says, "that in croup the general symptoms are not so grave as when the disease extends to the pharynx. This fact, however, admits an easy explanation, from the consideration that the septic symptoms are in part secondary to the local process. Because, while the lymphatics of the soft palate, the tonsils, and the posterior portion of the pharynx, have very free communications with the numerous glands below the maxillary angle, the absorbent vessels of the mucous membrane of the larynx and trachea end solely in the solitary gland belonging to them under the large bone of the os hyoides, and in the little tracheal gland. There is, therefore, less tendency to general infection when the process resides in the latter named parts." These considerations would be most just, if it were not the fact, and he had not previously stated it, that in 90 per cent. of all cases of croup, the lesion exists also in the pharynx. Well, then, if, notwithstanding this, septic symptoms are not met with in croup, to what, if not to the diversity of the anatomico-pathological process, can the fact be attributed? In order to establish the truth of his assertion, it would have been necessary to prove that symptoms of septicism exist in those cases in which the croupous pseudo-membrane is extended to the pharynx,—a condition of which he has given no hint.

2nd. The dualists assert that croup is a sthenic inflammation, whilst diphtheria has an adynamic type.

To this he replies: "Cases of sthenic croup are very rarely met with, and the same fact holds as to diphtheria. On the other hand, there are physicians who assert that they have been able to treat diphtheria successfully by blood abstraction, consequently distinctions based on difference of type can have no place."

The author, being a partizan of the unitarian theory, has very probably confounded true croup with diphtheria, and hence his observed prevalence of the adynamic symptoms. But may we not, outside this morbid department, observe adynamic pulmonitis, in which we actually have but a croup of the air cells? Why then should it appear strange that croup of the larynx sometimes assumes this type? And is not diphtheria sometimes presented, and has it not been so described by authors, under an inflammatory form?

To this the author objects, as follows: "The cervical glands are not affected in croup, because the laryngeal mucous membrane has no communication with the superficial cervical glands; whereas, as has been above shown, there is a very elaborate connection between the pharynx and the lymphatic glands." This objection has already been confuted under No. 1, in our notice of the fact given by the author himself, that in 90 per cent. of cases of croup, the disease is seen on the pharynx, without any indications of septicæmia, and hence also without engorgement of the glands being manifested.

4th. In croup, albuminuria is absent, whilst it exists in diphtheria. In order to prove that this is untrue, the author says neither more nor less than the following:—"In croup albuminuria is often present." To this I answer;—yes, but only in the period of asphyxia from renal stasis.

5th. In croup consecutive paralysis does not occur, but it is often observed in diphtheria. In this relation the author says: "Paralysis is rare in croup, because almost all the cases end fatally (?), but it is met with in survivors." That in survivors from croup paralysis may be met with, stands as a fact, and presently I shall illustrate it by an example; but in such cases we are dealing with diphtheritic croup.

As has been seen, the arguments adduced by Mackenzie to establish the identity of croup with diphtheria from the clinical manifestations of the disease, are insufficient to prove the fact in an unmistakable manner; and as I have done (in the first part of this article in the *Archivio* of January 10th), I shall, in relation to this part of the controversy, also, report the result of my own experience. In my medical practice, during five years, from 1868 to 1873, I had opportunities of visiting several patients, all under seven years of age, who had an acute disease, febrile, sporadic, and characterised by the product of a pseudo-membrane, which always occupied, though not exclusively, the larynx and trachea, as I had met with it on the fauces in three cases, but then always with appreciable external engorgement. At the close of 1873, instead of the above, I began to observe patients, varying in age from a few months to 50 years, affected with a disease, also acute and febrile, but epidemic, and exhibiting a deposit of patches of exudation that occupied, though not exclusively, the fauces, and which, falling off, left the surface of the mucous membrane bleeding, eroded or necrosed, with constant glandular engorgement external to the angle of the lower jaw, complicated often, if grave, with nephritis, and followed, in case of recovery, by paralytic symptoms. In the first 124 cases, diffusions in the larynx (*vide Archivio Clinico*, 1877) were observed in 7, and in 57 others 6 times. From the exposition of these facts, observed by myself, and all my colleagues who made observation before and afterwards, it appeared to me that the difference of the seat and the clinical manifestations of the two diseases, were clearly shown,—a difference which was always based on experience, which ought to be the sole judge of the controversy. After this, however, it could not be excluded that croup, although it always had its seat in the larynx, might yet be diffused upwards and downwards, so as to be found in the bronchi and the back of the mouth. And thus in diphtheria, also, although the disease is appropriate to the fauces, it may extend, as is the fact, into the larynx and œsophagus.

The observance has been made that the pseudo-membrane of croup in the pharynx does not exclude the fact that its preferential seat is the larynx; and the like may be said of diphtheria. Supposing, however, that croup and diphtheria are the same malady, we should have to admit that when it occurs sporadically and isolated, it has its seat in the larynx, but in the fauces when it is epidemic. I do not believe that the proportion

of 90 per cent. of cases of croup, in which the pseudo-membrane is extended to the pharynx, as Mackenzie asserts, is correct; he must, following his own convictions, have confounded true croup with diphtheria. It may still stand as a fact that croup sometimes commences in the pharynx, just as diphtheria sometimes in the posterior nares. In 1871 I was one night called to a boy of three years, in whom I was able to predict appearance of croupal symptoms before the morning, and so it happened; this patient, who finally succumbed, was seen also by my master, the illustrious Professor De Renzie. The same happened in another case visited by the celebrated Doctor Luxoro.

With a view of rendering more prominent some differences, as well in the symptoms as in the treatment, between idiopathic and diphtheritic croup, I shall here relate a typical case of each, which fortunately ended in recovery. The first was that of a male child of three and a half years. I visited him in 1872, on the fourth day of the disease. He had previously been treated by Dr. A. G., who is now dead. He visited him on the first day of the disease, and applied leeches on the neck, and administered tartar-emetic. This treatment was continued over the second and third days, but having done no good, the Dr. declared he could do no more, commended the patient to some saint's kind protection, and went his way in expectation of a fatal issue. It was just then I was called in. The child was well developed, of good constitution, and sanguineous temperament; but I found him in a state of prostration, the heat of skin diminished, the countenance pale, the pulse frequent; he was somnolent, the breathing was wheezy and laborious, there was great epigastric depression, etc.; there were traces of albumen in the urine, but no engorgement in the glands at the maxillary angle, nor traces of pseudo-membrane on the fauces. There was aphonia, but cough was totally absent, and from time to time attacks of suffocation occurred. I had no difficulty in reaching diagnosis of croupous laryngitis, with incipient carbonic narcosis. But the important question was, what must be done? I paid more regard to the great prostration produced by the abstraction of blood for three days, and by the continued use of the tartrate of antimony, than to the absence of cough; and I prescribed a decoction of polygala with the acetate liquor of ammonia, and a proper diet with wine. I subjected him also to inhalations of lime water, which I had found very useful in croup, as recommended by Prof. DeRenzi. After one day of this treatment, which was carried out with the greatest exactness and punctuality, the child himself most willingly making the inhalations for 15 minutes hourly; the cough began to arouse, with a granulous frothing excretion, which was no other than the detritus of the pseudo-membrane now in process of dislodgment under the influence of the lime water. Presently the respiration began to be more free and the somnolence to pass off; heat returned to the skin, the pallor of aspect disappeared, and on the seventh day recovery was secure; on the 15th day convalescence was complete. I obtained the same result in two other cases. After these results I tried the lime-water in diphtheria, but have never seen its necrotic plates *(placche)* loosed by it, although it was still more easy to make the application by gargle than by penciling or inhalation.

I now present a case of diphtheritic croup. C. L. fell sick, 10th August, 1879. Two sisters, one of seven and the other of twelve years had been already struck by diphtheria; the latter had died on the 4th day; the other was now in convalescence from an attack of moderate intensity. My patient was three years old, was of good constitution, well developed, and of lymphatic temperament. On my first visit I found him in fever, temperature 38·9° (102°F), pulse 126. There was a tumefaction at the angle of the lower jaw, more marked on the right than on the left and painful to the touch. A patch of exudation of the size of a centime was seen on the right tonsil; on the left there was infiltration in the incipient stage. The tonsils were tumefied and reddish. No catarrhal symptoms had existed in the nose or the air passages; there was no vomiting, nor any albumen in the urine. I prescribed a diet as substantial as possible, and a decoction of bark, acidulates internally, and a solution of phenic acid applied by brush. The fever was mild and short, and disappeared on the second day. The patches were limited to the tonsils, and went off on the third day. On my visit on the fourth, however, I found the cough which had been rough, now barking; the voice harsh and choked, and the temperature that of new fever; to this by little and little were adjoined respirations slightly sibilant; the depressions at the

epigastrium and the base of the neck were hardly noticeable during inspiration, spasmodic accesses were wanting through all that day, and only in the night was there a momentary difficulty of breathing; in short there were all the symptoms of idiopathic croup, but of brief duration. I feel assured of having observed this progression in all cases of diphtheritic croup, even of those which ended fatally. In such instances whilst I always sought to sustain as far as possible the strength of the patients, I subjected them to inhalations of turpentine, and at intervals of eight hours I gave an emetic of the sulphate of copper, between these continuing the decoction of cinchona. With this treatment I had the pleasure of seeing in four days the secession of the perilous symptoms, and on the tenth day of the disease the glandular engorgement had disappeared, and the respiration became normal, though the voice continued aphonious for many days. Notwithstanding the tonic treatment persisted in throughout the course of the disease, and for two weeks after the cessation of the local affection, a most pronounced anemic state was manifested, with great muscular weakness and anorexia; paralysis of the posterior palatine muscles appeared, drinks began to flow out through the nose, and the voice was nasal; paralytic torsion of the neck was observed. The child was able to lie down, but he could not raise the trunk, because of the paralysis of the extensors of the vertebral column. I began to combat these symptoms with the phosphate of iron and lime, and infusion of arnica. Under this course he began slowly to improve, though at the end of two months he was not completely restored.

Another case quite similar was met with in a girl of five years, in which the same treatment succeeded. Paralysis of the palatine muscles ensued in this case also, but her former good health was gradually re-acquired. I shall here add the macroscopic characters of the pseudo-membrane which I was able to procure in those cases of croup, in which I had found it on the fauces; and next I shall describe those of the diphtheritic coating. In the first place, in cases of true croup, the tonsils were in the normal state, only the mucous membrane was somewhat tumefied and reddish; the pseudo membrane had a milky white color, it was not organized, and it had a creamy aspect; it arose on the mucous membrane of the tonsils in a hardly appreciable degree; it occupied in preference the back part of the tonsil, and was easily detached, even from the first day, without leaving very observable lesions, and after the second day it had passed away. This change was due I think to the continual passage of drinks, the administration of emetics, &c., which favoured the detachment.

In two cases of autopsy made by me, the pseudo-membranes formed in the larynx and the trachea were well organized, soft, and of a uniform thickness; their color was amber and they extended into the bronchi; this was the reason why tracheotomy, which was performed, proved fruitless. This pseudo-membrane as I have already said, was soluble in lime water. When I encountered the diphtheritic coating there was enlargement of the body of the tonsil, glandular engorgement outside sufficiently manifest to strike the eye immediately; the colour was grayish; and the exudate was, even from the first, very adherent to the textures under it, from which it did not begin to separate before the fourth or fifth day, commencing at the margins, and when if it was laid hold of with the forceps to draw it away, it was felt to be very resisting at the centre, and by persistence pain and hemorrhage were provoked, and this sometimes took place even when it came off spontaneously, leaving an ulcerated, bloody surface. This sort of coating was hard, leathery, of unequal thickness, and more thick in the centre than at the edges; it had sometimes little projections scattered here and there of the size of pin-heads. I never saw this sort dissolve in lime water. I have seen mild cases of diphtheria in which, notwithstanding the presence of tonsillary enlargement and engorgement of the glands, with a patch of the size of a centime, having an irregular, circular boundary, slightly elevated, and depressed in the centre, where it was of a dirty white color; after a few days, this having fallen off and the swelling of the tonsil having subsided, the part presented a hollow which soon filled up again.

In concluding, I shall bring under notice the fact, that those authors who do not admit the distinction between croup and diphtheria, are constrained to describe in a separate chapter a species of angina which is but a more grave form of diphtheria. Bouchut speaks of two forms of angina, calling them the ulcerous and the gangrenous,

taking as their type the Syriac ulcer of Areteus; and following the doctrine of Bretonneau, he divides it into the simple or benign, and the grave or malignant. Valleix also treats in one chapter of malignant angina, and divides it into the pultaceous, the cottony, and the gangrenous, of which forms he gives separate descriptions, which merely create confusion.

I believe, therefore, that a distinction should be made between croup and diphtheria, and between the latter and angina maligna; and though we chance to meet with cases in which it becomes difficult to establish an exact diagnosis of the nature of the disease, this does not imply that we may not do so in the majority of cases, or that we ought to confound two diseases regarded from time immemorial as of distinct essence; a decision which recent anatomico-pathological researches have only confirmed. Recapitulating the facts herein exposed, we have seen :—

1st. That of eleven patients with croup observed in the first five years of my practice, none was older than seven years, and in only three was there diffusion of the membrane to the fauces, without, however, any external glandular engorgement; whilst in 181 cases of diphtheria, treated in two distinct epidemics in individuals whose ages varied from one year to fifty, only in thirteen was there diffusion to the larynx, and this in every instance was light, but external glandular engorgement was always present.

2nd. In three cases of true croup treated by me, subsequent paralysis was not seen; whilst in two cases of diphtheritic croup it followed.

3rd. In the eleven cases of croup traces of albumen were found in the period of narcosis; whilst in those of diphtheria it was almost constantly present, in grave cases which ended fatally, and was symptomatic of nephritis.

4th. Even from the macroscopic characters, the croupal pseudo-membranes could be distinguished from the necrotic diphtheritic exudate, and they also differed in their chemical properties.

5th. The lesions left on the localities affected were in various cases recognizable and different.

And as my final conclusion, I say that croup and diphtheria, hitherto regarded as two distinct maladies, ought still to be so retained, in view of he difference of the individuals attacked, the seat of the disease, the general results, and the products and alterations which they leave behind them. After all this, I would not that any one should believe that I have wished to criticise so able a clinic as MacKenzie. I have merely desired it to be noted, that the indentity of croup with diphtheria does not seem to me to be established in an irrefragable manner. I am however, conscious of my own small ability, and I leave it to others, better able, to decide the question.

PELVIC HEMATOCELE.

BY D. C. ALLAN, M.D., AMHERST, N. S.

July 5th, '79 I was first called to see Mrs. W. B.' who I was informed had been ill for some weeks, and from whom I got the following history : age 36, mother of four children, the oldest twelve and the youngest six years of age. Family history good, and had herself enjoyed comparatively good health until the last ten years, during which time she had suffered from some form of "womb complaint," but for which she had received no treatment.

She had menstruated regularly for the last five years. Two days previous to her present attack which began May the 29th, '79, she "had not felt well," and attributed the cause to the non-appearance of the periods which should have occurred two weeks previous. One week after the time the menses should have appeared, not feeling comfortable, Dr. T. W. Carritte was consulted, who gave an emmenagogue, and directed measures to be employed to encourage the menstrual flow. As before stated, on May 29th she was compelled to go to bed on account of pain in the pelvis, which was much aggravated by walking about. She did not suffer much when quiet in bed, although feeling quite ill in other respects. The medical attendant was again called, and two days after, the menses as was supposed, appeared. For the four following days she went down stairs, but could not remain long on account of the pain in the pelvis, and general weak and distressed feelings. She had never suffered pain during menstruation, but the latter was usually pretty free. From this time forward she had not left her bed but for a few minutes only, and was under the daily care of her former medical attendant who was of the opinion that she had suffered "a miscarriage."

For eighteen days this state of matters continued,

menorrhagia constant and pretty free, patient quite weak, appetite fair, and the bowels moved daily by infusion of senna. At the expiration of this time she discovered a swelling in the lower part of the abdomen, and for some days previous experienced some pain and difficulty in passing water, and the bowels became more difficult to move. The attendant's attention being called to the matter, an examination was made, and the trouble pronounced to be due to "enlargement of the womb" with prolapse and retroversion. She was now treated with bromide of potassium. From this time she gradually grew worse; a few weeks later a consultation was called, the diagnosis concurred in, and ergot added to the above treatment.

The patient still continued to grow worse, and about seven weeks from the date of attack she first came under my care. At this time she presented the following symptoms: The face was extremely pale and somewhat shrunken, but wore a quiet easy expression, she lay upon the back with the legs well drawn up, the whole body was much emaciated the skin dry and rather cool, the tongue moist and coated with a velvety brownish white fur. Pulse 114, small, feeble, compressible and regular. Temperature 98; respirations 24 in the minute. She complained of but little pain when quiet. Auscultation and percussion of the lungs showed no signs of disease, the heart sounds were weak with a slight bruit over the sternum. Examination of the abdomen and urine elicited no evidence of disease, but palpating the hypogastric region produced considerable pain, and rising for more than three inches above the pubic symphysis and extending into either illiac fossæ was a firm, smooth unmoveable tumor. Directly above the pubes in the median line could be distinctly felt through the thin and lax abdominal walls a small tumor about the size and form of a pear, quite moveable and resting upon the larger tumor before described. Introducing the catheter gave some pain, and but little urine came away; micturition was frequent and difficult, and the bowels constipated.

Digital examination found bleeding from the vagina, which was hot, and its anterior and posterior walls in firm apposition, this being produced by a uniform hard smooth rounded tumor occupying the latter wall, and extending for an inch from the fourchette as high up as the finger could reach. The rectum was flattened from side to side, the walls pressed hard together, and the whole sacral curve and pelvic cavity completely filled with the same smooth hard tumor; and there was a copious slimy discharge from the bowels. The uterus was evidently above the symphysis and the os flattened transversely. Introducing the sound, the organ was of normal size, the point of the instrument passed over the pelvic arch and in front, and grasping the uterus with the other hand the former was quite moveable and proved to be the pear-shaped body resting upon the pelvic tumor. I consequently concluded that it was either a case of pelvic hematocele or pelvic abscess the result of cellulitis, but from the history and symptoms believed it to be the former. Informing the patient and husband of my opinion I proposed aspiration as a final proof, to which they readily assented. A No. 2 needle was passed quite easily and with little pain for a depth of two to three inches into the vaginal portion of the tumor just below the cervix; an ounce of red semi-fluid blood passed slowly over into the receiver, and so decided the nature of the pelvic accumulation. Treatment: absolute rest, opium to relieve pain, and quin. sulph. grs. *ii, ter in diem*, with nourishing food. A blister 4 × 6 was applied to the abdomen and allowed to vesicate lightly, and followed by light linseed poultices, and warm vaginal injections of a weak solution of common salt to be gently used three times daily. These measures were adopted to support the patient, to stimulate absorption of the blood mass and avert inflammation.

July 6th, 7th, 8th and 9th.—No material change had taken place.

July 10th.—Pulse 116; resp. 26; temp. 100° F. feverish, thirsty, with constant acute abdominal and pelvic pain, and great tenderness on pressure. Peritonitis had undoubtedly supervened; the treatment consisted of hypodermic injections of morphine to relieve pain, turpentine stupes to the abdomen, followed by fomentations of hot water and laudanum covered with oiled silk.

July 11th, 12th, 13th and 14th.—During this time symptoms steadily showed increased severity of the the disease; pulse ranging from 130 to 155 per minute; resp. 30 to 35 with proportionate elevation of temperature; and there was nausea and vomiting, complete anorexia and great thirst. The tumor had been daily and rapidly increasing in size until now it reached above the umbilicus,

completely filling the iliac fossæ, presenting strongly forward being as large as the abdomen at the seventh month of pregnancy.

The tumor had lost its uniform smooth feeling, the surface being uneven, nodulated, and the whole mass seemed distinctly encapsulated. This change in size and surface of the tumor, and its segregation was doubtless the effused lymph the result of the peritonitis. The abdomen was extremely tympanitic. A stomach tube was passed with difficulty up the rectum into the colon beyond the tumor, and through this large quantities of gas escaped giving considerable relief. One pint of warm lac-assafoetida was slowly injected through the tube and the latter withdrawn. But in the course of an hour the tube had again to be introduced, and the fluid returned as it was producing discomfort, and could not pass unassisted on account of the firm pressure upon the rectum. A considerable quantity of fecal matter in solution returned through the tube, this being all that had passed for six days. Treatment continued.

July 15th, 16th and 17th.—The patient is very prostrate and growing worse; pulse 140; resp. 36; high fever, intense thirst, has taken no food, tongue dry and coated, the mouth surrounded by a thick crop of herpes labialis, the countenance anxious and agonized, and the eyes much sunken were surrounded by dark deep lines. Two ounces of brandy were given every two hours, and an occasional dose of a mixture of acetate of ammonia with nitrate of potassa. During the afternoon of the 17th she had a violent chill lasting for more than an hour, and this in turn was followed by hectic and profuse perspiration. The contents of the tumor were undoubtedly undergoing decomposition and producing septicæmia. Next morning Dr. R. Mitchell visited the patient with me to consider the propriety of evacuating the hematocele. We found her much better; pulse 108; resp. 22, but little fever, tongue moist, slight pain, abdomen less swollen, and diminished tenderness on pressure. It was decided not to operate just then; linseed poultices covered with oiled silk were applied, and treatment as before continued. I was hastily summoned on the following morning at 4 o'clock. Entering the room I noticed a most offensive odor. The patient seemed quite easy though somewhat agitated, and informed me that "half an hour since she was awakened from sleep by flooding from the bowels."

I found the bed deluged with blood—mostly fluid, quite bright red, some small clots and though exceedingly offensive there were no visible signs of pus. The fluid had saturated the clothing, permeated two ticks, forming a pool upon the floor, the quantity in all as nearly as could be estimated amounting to fully four quarts. The large abdominal tumor had mostly disappeared, although there remained considerable tympanites. By vaginal and rectal touch the swelling was found to be diminished in all directions, and the uterus was fallen below the symphysis, and the rectum filled with blood which was still flowing freely per anum. The hematocele had opened into the rectum. Pulse 128; resp. 28; slight fever and the patient exceedingly weak and prostrate. A liberal dose of brandy containing some aromatic spirits of ammonia was at once given, and soon after the bedding changed and the patient placed upon a rubber bed-pan which was allowed to remain. Warm vaginal and rectal injections of weak carbolized water were used three times in the twenty-four hours, dilute Condie's solution kept in the pan, carbolic spray from the atomizer used about the room and clothing, and the best available ventilation established. Brandy, morphine and poultices continued.

July 20th, 21st and 22nd.—Pulse varied from 110 to 120; respiration easy; slight fever, the tongue clean, but covered with sharply elevated papillæ resembling grains of sago. Herpes labialis improving. There was a discharge from the bowel of blood mostly fluid, but some clots amounting to about eight ounces daily, in color quite dark and very fœtid. The bowels had moved six times spontaneously, large quantities of small hard feces being passed. There was still considerable tympanites and when turned upon the side large quantities of flatus escaped the bowels with much relief. The tumor could not be felt above the pubes and was decreasing in the rectum and vagina, but there was still considerable tenderness in the pelvic cavity. Treatment, as before, continued, to which quiniæ sulph. was again added.

July 23rd.—Not so well; during the night she had rigors followed by fever; pulse 130; resp. 28. The discharge was quite free, jellylike, and if possible more offensive than before. The tympanites had almost subsided, and the tumor could

now be found still larger, reaching near to the umbilicus, inclining to the right side and slightly moveable. There was increased tenderness on pressure, and with one finger in the rectum and another in the vagina pressed up against the tumor, and percussing the swelling externally with the other hand, fluctuation was easily detected. Treatment continued.

July 24th.—Passed a bad night; had chills and hectic; pulse 132; resp. 30; complete loss of appetite, some pain in the abdomen and the discharge considerably diminished. A large sized trocar guarded by the index finger was passed up the vagina and plunged into the tumor, just below the os uteri, about one foot of drainage tube passed into the cavity through the canula and the latter withdrawn. More than a pint of the contents of the tumor rapidly escaped through the tube, the free extremity of which was kept constantly beneath a disinfecting fluid. Treatment continued.

July 25th.—Had slight rigors during the night, some fever, tongue moist and clean, pulse 120; resp. 25. During the 24 hours there had been about two pints discharged from the bloody tumor. The cavity was washed out by slowly injecting one half pint of warm weak carbolized water through the tube, by which it was allowed to return in a few seconds. This was repeated three times in succession, the last used coming away quite clear. Treatment continued.

July 26th.—Pulse 110; resp. easy; but little fever, moderate tympanites, discharge still free but thinner, and the small flow which had continued from the rectum since the vaginal puncture had now ceased. The cavity was washed out with weak Condie's solution and the same treatment continued.

July 27th.—Condition about the same as the previous day, with the exception of considerable swelling of both arms, extending up to the triangles of the neck, the arms were helpless and "felt very heavy," were quite painful and wore an erysipelatous blush. The affected parts were lightly brushed with dilute tincture of iodine and a bandage applied from the fingers to the shoulder.

July 28th.—Progressing about the same as on the previous day. The arms still much swollen and painful as also the parts in the region of the neck; some appetite. There was a moderate discharge and less fœtid than it had been at any time previous. Iodine and bandages were applied to the arms as before, and the cavity again washed out with three-fourths of a pint of carbolic acid and water 1 to 40. This injection produced immediate pain, collapse and delirium which caused considerable anxiety. All these symptoms gradually subsided however in about three hours. Brandy discontinued, and instead beef, pepsine and wine given, the morphine and poultices continued.

July 29th.—Improving; pulse 100; resp. 20; no fever or pain, but little tenderness on pressure, no tympanites and the tumor had all disappeared except what could be felt of the walls of the sac. There has been but little discharge since last the cavity was washed out, and this was pale, serous and but little fœtid. There was some diarrhœa for which lacto-peptine, and bismuth subnitrate were given. The arms were much improved. The abdomen was painted with tincture of iodine covered with cotton batting, and a bandage applied. From this time forward the patient continued to improve under tonics, pepsine and good diet, and the occasional application of iodine, and constant use of the bandage to the abdomen; and for some days more a few hypodermic injections of morphine were used to allay irritability and procure sleep. During the first of the first week of August the drainage tube was removed, and by the latter part of the same week all discharge had disappeared, and by the middle of the same month the patient was able to go out of doors.

On Oct. 15th, after returning from a visit to her friends, having driven in a few days over one hundred and fifty miles by carriage, she suffered an attack of metro-peritonitis from which she was critically ill during the remainder of the month, but finally recovered and is up to the present time in good health.

Comments.—This was undoubtedly a case of intra-peritoneal hematocle, and in such a case when a large amount of blood is poured out, can absorption be confidently looked for? The mild and gradual symptoms of this case show how such a serious disorder may make considerable progress before being discovered, but doubtless had it been intelligently studied, might have been recognized during the first week. Is it not probable that this blood effusion came from the utero-ovarian vessels, predisposed by chronic disease and excited by

amenorrhœa, and might not such a result seem as a therapeutical hint, respecting the administration of emmenagogues in amenorrhœa with evidence of chronic disease of those organs? It can scarcely be doubted that the disorganized blood should have been evacuated before rupture took place, but primary evacuation resulting from rupture being insufficient for free discharge, doubtless secondary opening was proper to effect the latter and admit of disinfecting injections. An error was committed by too forcibly dilating the sac with fluid, and quite probably the latter was too strongly impregnated with carbolic acid.

The patient received over fifty hypodermic injections of Majendie's solution of morphine, varying in quantities from 25 to 30 drops; and the morphine given in this manner acted much better than when given by the stomach. The disease in the arms was probably produced by the needle punctures, but some time since I attended a very similar case in a patient suffering from puerperal phlebitis. The patient had constitutional syphilis. I should like to hear through the LANCET practical observations on pelvic hematocele.

THE CURE OF HERNIA BY HEATON'S METHOD.—A NEW HERNIAL SYRINGE.

BY W. B. DEGARMO, M.D., NEW YORK.

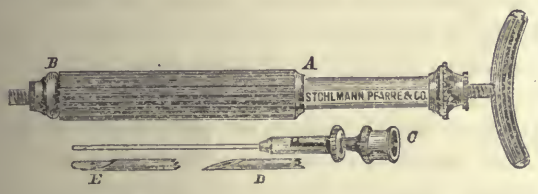
For many years the above operation was practised by the originator with apparent success, but from the fact that he kept his method secret, it was given very little attention by the profession, and when, shortly before his death, he saw fit to make known his experience it was very justly looked upon with distrust. There were those however, who had seen undoubted cures attained through him, that were anxious to ascertain by what means these cures had been produced.

It was certainly no trifling evidence that prompted such eminent authority as Sir William Ferguson to refer to the operation in the terms used by him in the closing remarks of his chapter on hernia, although the method of operating was at that time unknown to him. Regardless of the past history of this operation, it is our duty to accept it for all that it is worth, and as it is simple, easy of performance, almost painless, and entirely devoid of danger, none should hesitate to give it a trial in suitable cases. That those who have the opportunity and inclination to test it may do so, I shall here briefly state its details and offer a new hernial syringe for its performance, which I believe to be more convenient and certainly safer than the one used for so many years by Dr. Heaton.

The necessary preparations are very few. It is my custom to administer a mild cathartic the night previous to the operation, that the bowels may be kept confined afterwards with greater ease. The hernia having been perfectly reduced, the bandage to be used after the operation should be partially adjusted so that the patient shall not be disturbed afterwards. The bandage should be of heavy twilled drilling doubled, about six inches wide and of sufficient length to surround the patients hips. Just back of the trochanter major should be pinned an under strap one inch in width and long enough to reach up over the pubes. A compress to go over the inguinal canal should also be in readiness. The syringe is charged before attaching the needle to the barrel, and in an ordinary case should be a little more than half full. Now remove the cutting sheath from the central hollow probe, screw the latter on to the barrel and with beak elevated eject sufficient of the fluid to expel all air and secure the perfect action of the syringe. Wipe the probe clean, replace the cutting sheath, and the syringe is ready for use. Grasp all of the tissues over the external ring between the thumb and the forefinger of the left hand, elevate them sufficiently to avoid touching the spermatic cord, then carry the needle *quickly* through the integument and fasciæ; the cutting sheath is then drawn back so that its point is perfectly protected. In this condition the beak of the syringe is changed into a blunt probe and as such may be gently carried up into the canal to the vicinity of the internal ring. At this point should be deposited a small amount of the irritant. By holding the crescent-shaped pistonhead firmly in the palm of the hand and rotating the furrowed portion of the barrel (A to B) between the thumb and the finger, at the same time gradually withdrawing the beak, the latter is made to traverse the entire canal leaving the irritant on its inner surface. A portion should also be deposited around the margins of the external ring. The injection being complete,

press the forefinger of the left hand firmly over the beak of the syringe and withdraw the latter *quickly* in order that none of the irritant shall pass into the subcutaneous tissues. The belt is now *tightly* pinned with compress over the canal, and understrap brought up over both and made fast. The bowels should be kept confined for at least four days, the patient kept in the recumbent position for six, and if everything is favorable, discharged about the eighth day with a light truss. In bad cases, the operation should be repeated at the end of the first week, if there is any doubt as to the result of the first.

Dr. Heaton's syringe had a cutting point which was exposed during the entire operation. The one here shown, I believe to be safer by far, and the addition of the screw piston is an undoubted improvement. The principle involved in the construction of the needle used on this syringe has been used before as the "dome trocar," and was, I believe, the design of Dr. Simon Fitch, of St. John, N.B.



In the accompanying cut, "C" shows the entire needle. "D" shows it with cutting sheath exposed; and "E" with the same protected.

The formula of the irritant is :—

℞ Ext. Quercus Alba (Solid) . . gr. xxviij.
Ext. Quercus Alba fluid, . . fl. ℥j.
Morphia Sulphas, ... gr. j M.

The study of a number of Dr. Heaton's cases, and my own experience confirms my belief that this method is well worth trial, and it is the hope that many will test it that prompts this communication.

116 East 30th Street.

TREPHINING OF BONE FOR PUS.

BY A. B. ATHERTON, M.D., FREDERICTON, N.B.

Case I.—Nov. 14th, 1876. J. S., æt. 20. Male. Family history good. Patient generally had good health till three years ago, when he began to suffer with pain in the region of the left knee, which radiated more or less downwards to the foot, and upwards for a short distance into the thigh. Has been unable during this time to continue long at steady work, as every now and then the pain compelled him to lie by. During the intervals he seemed to be almost if not quite well. Of late however, he has given up his situation and does not attempt to do much. The tibia has for some time been manifestly enlarged.

On enquiring carefully into his previous history, he states that five years ago he was run over by a heavy waggon, and the wheel passed diagonally across the left knee and over the right thigh near the groin. An abscess formed and opened in a few weeks at the latter point; but he never had any serious inconvenience in the left limb. The abscess soon healed in the right thigh and gave him no further trouble.

On examination, the upper four or five inches of the left tibia is found considerably larger than the right: measuring ¾ of an inch to an inch more across its anterior surface. Soft parts over the bone œdematous, and the latter tender on pressure.

Operation.—Chloroform was given, and a crucial incision made through the thickened soft tissues. I trephined the bone at its most tender point with a half inch instrument, removing a disc ¾ of an inch in depth. A few drops of pus welled up from the bottom of the wound, when the piece of bone was elevated, and a small cavity was felt with the probe, having a soft and velvety surface. A carbolized tent was introduced, and a dressing of carbolized oil applied.

Nov. 16th.—The former severe aching pain in the bone has been entirely relieved by the operation. Wound doing well; treatment continued.

Dec. 2nd.—Some bare bone felt along the sides of the canal made by the trephine. Doing well otherwise. Tent omitted; carbolized oil dressing continued.

Dec. 12th.—Discharge getting less. Tibia growing smaller. Little or no difference in the circumference of the legs at the line of wound.

Jan. 5th.—Wound nearly healed. Probe can be passed along a small sinus for 1¼ inches. Patient was out at a dance an evening or two ago.

March 15th.—Several small scales of bone have come away since last report; and I to-day, removed a cancellated piece of bone about the size

of a duck-shot from a point ¾ inch down the sinus.

April 2nd.—Wound entirely healed.

A few months ago the patient was heard from. He has had no inconvenience from the knee since it healed.

CASE II.—G. S., æt. 39. Male. Family history very fair. A phthisical taint in some members.

Personal history.—Generally healthy. 17 years ago he received a severe blow with a fence rail on the left side of the head about the ear. He was rendered insensible for a half hour or more at the time, and for a few days he felt some soreness and headache, but after that it gave him no further trouble.

June 25th, '79.—Six months ago he was attacked with a neuralgic kind of pain about the left ear and temporal region. This has continued with partial intermissions ever since. At times the pain was very severe. For this he was treated by myself and another physician with but little relief. The latter at one time ordered injections of warm water for the ear; but with the exception of small particles of wax, there was never any discharge; neither was there at any time any deafness. Moreover the pain was seated more above and behind the ear, and in the temple, and little if any was referred to the ear itself. Two or three months ago he began to have chilly sensations, and a fortnight since a swelling showed itself behind the upper half of the left ear. The pain has been considerably less severe since the swelling appeared.

On examination I found a swelling two or three inches in diameter, with the scalp reddened over it, and presenting a feeling of deep fluctuation. Two openings were made, one about ½ an inch above tip of mastoid bone, the other two inches above it. Pus flowed freely out. The skull was felt bare over the whole base of the cavity opened. No sinus was discovered leading into the substance of the bone. A drainage tube was now passed through from one wound to the other, its ends fastened together, and carbolized oil dressing applied.

This operation was done at my office, whither he had come from his residence four miles in the country.

Aug. 9th.—Visited by me at his home. For three or four weeks after opening the abscess, he had much less pain, and the discharge grew gradually smaller in amount. Then after getting wet and cold, he suffered again in the old localities, and as acutely as ever before. About ten days ago I removed the drainage tube; but that gave no relief though the wounds immediately healed.

At the present time there is not the slightest swelling or tenderness about the site of the abscess, but he complains of some soreness of the scalp in the temporal region after a paroxysm of pain. In fact the pain seems if anything most severe in that part. He describes it when at its worst as feeling as if some one were "pounding him with a club" on the side of the head. He declared that it would drive him mad if he did not soon get relief. Indeed his friends thought he was already not quite in his right mind when the pain was severe. Patient looked haggard and anxious; pulse rapid and feeble.

Operation.—Chloroform was given, and an incision made in a vertical direction in the line of old wounds, and the bone cleared of periosteum. A small trephine (½ inch) was entered 1¼ inches above the tip of mastoid process, and a disc of bone ⅓ inch thick removed. On elevating it pus oozed up through a small hole at the upper half of the opening in bone. The piece of bone removed looked healthy, the abscess having just been tapped at its surface. The edges of the opening were now chipped off with a gouge and mallet, so as to make a free passage for the matter, about half a drachm of which escaped during the operation. A probe sharply curved at its end could be readily passed directly upwards under the edge of the bone for about ¾ of an inch. It then brought up against the side of opening in the skull, so that it could not go any further, although it felt as if the point would have done so, had it not been for the small size and depth of the wound preventing further progress. No bare rough bone felt.

Wound dressed with carbolized oil. Listerism was not employed in this case, because it was difficult to visit him often, and besides his means did not admit of it.

Aug. 13th.—Seen for the first time since the operation. He was going about the house, and expressed himself much better. He had not felt the "old pain" since. The discharge has been mostly of a thin oily nature, not very profuse. Wound in skin nearly closed. Edges separated by a probe, and an oiled tent inserted. This was ordered to

be repeated and left in two or three hours every day for the next week.

Aug. 17th.—Has complained of rather more pain for a day or two. Appetite and general condition better.

Sept. 1st.—Wound entirely healed; slight pains at times in the side of the head.

Sept. 17th.—Seen on the street in town. Says he feels "all right," except an occasional sensation of vertigo.

Oct. 14th.—In town with a load of hay. Feels as well as ever he did.

Feb. 10th.—Continues well.

Remarks.—If I am correct in supposing that the abscess in this case was the result of the injury received 17 years before, it seems remarkable that so long a time as seventeen years should elapse without any symptoms of trouble in the injured part.

With regard to the seat of pus, I was inclined to think from the thickness of the bone penetrated, and from the probe passing so readily upwards to where the skull is naturally of less thickness than the disc I removed, that I must have entered the cavity of the cranium. This view was strengthened by there being no apparent thickening or bulging of the part trephined. But I may be mistaken of course about the matter, and the pus may have lain just outside of the inner plate of skull. I was not sufficiently curious to endeavour to decide the point by any rough probing. As far as I can judge I entered the skull just above the petrous portion of the temporal bone.

Correspondence.

SUSPENDED GESTATION, OR WHAT?

To the Editor of the CANADA LANCET.

SIR,

Permit me to submit the following for the columns of your Journal. On the 31st of December, 1878, I was consulted by a Mrs. C. (who had then been married about four months.) She complained of dizziness, nausea, etc., especially immediately upon rising in the mornings—in short her case was marked by all the usual sympathetic symptoms generally met with in the early period of pregnancy.

From the date of her marriage till six weeks or so prior to the time she consulted me she had enjoyed very good health. Upon inquiring into the history of her case, I learned in addition to the foregoing, that she "had not seen anything" for about two months; that she had more or less irritability of the bladder, pain in the back, augmented by standing, or exercise upon foot. She also had uneasiness of the breasts, which organs at times appeared increased in size. A capricious appetite completed the catalogue of symptoms. An opinion not having been solicited, I fortunately, considering the way in which the case has turned out, did not volunteer any.

The symptoms taken together, I regarded as somewhat suggestive and likely to work out a definite and natural solution in due time. I accordingly ordered support through the use of a bandage, and prescribed a sedative and tonic, in light doses of sherry, which afforded relief. The mixture was repeated once, and in the course of a few weeks the patient was reported in excellent spirits and health, which condition appears to have been uninterrupted until about two weeks ago, since which time she has experienced considerable pain in the back, which together with other symptoms of uneasiness led her to again seek advice. At this time (the 15th of this month, March, 1880), I learned that the "monthly flow" was still absent,—in fact had not made its appearance during last 18 months—two months after her marriage; and that no event, such as I had anticipated, and she and her friends had at one time expected, had as yet occurred. The out-turned lip presented an anæmic appearance; a dull, aching pain in the back was experienced; the appetite was reported poor. She also complained of restlessness and an indisposition to sleep.

I enjoined quiet, gave some general directions as to diet, and prescribed a tonic and sedative. She drove home and in a few hours after was seized with lumbar and abdominal pains, accompanied by vomiting and fainting, followed immediately by a return of her "monthly sickness," as she thought, but a *fœtal embryo* advanced two or months, in the opinion of the mother of the patient and other women present, also made its appearance.

I do not give you the *finale* of this case from personal knowledge, as the patient living at a distance from town, and nature having speedily

worked out her own remedy, no medical aid was summoned, but I am satisfied as to the reliability of my informant. As to the particular condition of the *fœtus* I am unable to state. The case suggests to me one or two questions. Could the patient have been pregnant at the time she first consulted me, and gestation been subsequently suspended or arrested? Or were the symptoms at that time due to the suppressed, or suspended menstruation, conception occurring a short period prior to the last time she sought advice? I confess I cannot arrive at a satisfactory conclusion. Will some of the readers of the *Lancet* offer an opinion?

Respectfully,

Oshawa, March 19, '80. WM. COBURN.

Selected Articles.

THE RAPID TREATMENT OF CLUB FOOT.

Mr. H. A. Reeves, Surgeon to the East London Hospital for Children, describes (*Med. Times and Gaz.*) his method of treating club-foot, which is applicable to the large majority of congenital or acquired deformities of the feet; but the milder cases—those in which slight pressure will bring the foot into the normal position, and in which the rebound or relaxing the grasp is very slight—can, with patience, be cured without operation. The patient being held by a nurse or assistant, and the foot being in the right position, the tendons of the tibialis posticus and flexor longus digitorum are first divided, and a pad and strip of adhesive plaster applied. Then the tendon of the tibialis anticus is divided, and a pad put on. Immediately after the tenotomies, the foot is forcibly but steadily brought into its right position, and kept there by an assistant while a flannel bandage is put on. Over this is put a plaster-of-paris bandage, then a thin layer of plaster paste, and finally another bandage and more paste. Sometimes a third plaster bandage is necessary, but in infants and children it may be dispensed with. Of course, the bandages must not be too tightly applied, and it is well to protect the bony prominences with a little cotton-wool. The foot is held in positlon until the plaster has set; and instructions are given to the parents to bring the child at once to be seen, or they are told how to loosen or remove the bandage should the toes become cold or purple. If the inner part of the plantar fascia be tense and interfere with the straightening of the foot, Mr. Reeves divides it first, forcibly stretches it, and at once thereafter divides the tibialis and flexor longus digitorum. He adopts this plan, which differs from that usually recommended, so that the uncut tendons may resist him, and thus enable the anterior part of the foot to be more successfully abducted. In most instances he leaves the foot in the plaster case for a week; but in the more severe cases ten days to a fortnight are necessary. At the expiration of this time the bandage is removed, and the foot will be seen to have assumed its proper position. It is then well worked (*i.e.*, abducted), afterwards the tendo Achillis is divided, and the heel gently but firmly brought down. The pad and bandages are put on while the foot is held in the corrected position, the toes being left free, but the heel covered. Another week or ten days usually suffices by this method to bring the deformed foot into its normal position, and then the bandage is removed by cutting it in the midline, along the anterior aspect of the foot and leg. The foot is then well-worked in the desired directions and the leg muscles shampooed. The mother sees how this is done, so that she or her husband may occasionally do it at home, and the child is brought once a week to be seen by the surgeon. If the child be old enough to walk, it is measured for a proper boot and support at the commencement of the treatment, and in most cases in three weeks after the first operation it is allowed to walk. The foot is well worked night and morning, and the second plaster bandage is put on at bed time and retained in position by an ordinary roller. This is ordered to be continued for several weeks in order to prevent a relapse. Except in very severe cases an anæsthetic is unnecessary, but in private practice, should it be desired to prevent the child crying, it may be given. The advantages of the method proposed are briefly the following: 1. The results are rapid and satisfactory. 2. Expensive apparatus is unnecessary. 3. The muscles, joints, etc., are worked and exercised, and not allowed to atrophy or become temporarily fixed, as in the German method; and, 4. The patient, in ordinary cases, may be allowed to use the foot or to walk in three weeks after the first tenotomy.—*Lea's Monthly Abstract.*

CHOREA IN AN ADULT, FOLLOWED BY ACUTE RHEUMATISM.

[The following case under the care of Dr. Wilks is reported by the Clinical Clerk, Mr. G. F. Dixon.

James S., aged thirty-seven years, a wire-worker, was admitted on December 3, 1879. On admission the following history was obtained:—His father died at the age of fifty-nine, his mother at the age of forty-five: he does not know from what causes. He has several brothers and sisters alive and healthy; none of them have ever had chorea

or other nervous affection, nor is there any rheumatic family history or predisposition. Patient has been married for nine years; he has five children, all healthy, and his wife has had no miscarriage; he has never had syphilis. He is a total abstainer, but his work has been carried on in a close room, and he has been a great tea-drinker, drinking three or four pints of tea a day. His present illness began about three years ago, when patient first noticed a twitching of the left side, and then applied to and was admitted into King's College Hospital, where he stayed for three weeks, and then attended as an out-patient. He was better for the treatment. At this time his head was occasionally affected by irregular movements, but only slightly. Eighteen months ago patient was attacked on the right side by similar twitchings; he then went into St. Thomas's Hospital for a month, and afterwards attended for some time as an out-patient, improving under treatment; but he again became worse when he ceased attending. Subsequently he became an in-patient for ten weeks at the Hospital for the Epileptic and Paralysed in Queen-square; and was again improved by treatment. From that time (June, 1879) until his admission here he had tried to work at his usual occupation, but as he got much worse he had to give it up. Patient is a short, spare, wretched-looking man; he looks very much older than he is, and his hair is quite gray. He answers questions somewhat slowly, and has an impediment in his speech, but speaks quite correctly. As he lies in bed his head is continually moving from side to side, and then forwards and backwards on to his pillow. He lies on his back with his hands crossed on his chest and his elbows are continually moving to and from his side. His legs are quite still, but he says they and the whole of his body often move irregularly when he is in bed. When walking he has apparently not perfect control over his legs, for he walks and staggers like a drunken man. When asleep the whole body and head are quiet. Temperature 98°; pulse 84. The tongue (which he cannot keep out for more than a few seconds at a time) is clean, moist, and healthy; the bowels are regular, and appetite is good. The lungs and heart are normal; the urine healthy, specific gravity 1020. Patient has been placed on full diet with milk, cod-liver oil one drachm twice a day has been ordered, and a sedative draught containing bromide of potassium and hyoscyamus is to be taken at bed time.

December 10.—The evening draught has been discontinued as it has made the patient restless. Since he has been in hospital the movements have been less troublesome, and he says that he feels better. On the 8th a mixture containing three grains of sulphate of zinc and five minims of tincture of opium was ordered to be taken three times a day.

14th.—On the 12th the dose of the sulphate of zinc was increased to five grains. This evening patient has complained of great pain in the feet, knees, shoulders, and arms, and of profuse sweating; the left knee-joint is swollen and painful; the tongue is white and dry; the bowels have not acted for two days, and appetite is quite lost. Temperature at 8.30 p.m. 103°; pulse 74. Twenty grains of salicylate of soda have been ordered to be taken every three hours.

16th.—Patient is rather better this morning; the pain in the joints is about the same; bowels have not acted yet. Temperature 10.45 a.m., 100·3°; 1.30 p.m., 100·6°; evening, 100·8°. Heart-sounds are normal. His diet has been altered to milk and beef-tea.

16th.—He slept better last night, but complains much of pain in the limbs, especially in the arms. The tongue is white and dry; bowels constipated. Morning temperature 100·7°; evening 100·6°.

18th.—Temperature this morning 98·8°, evening 99·6°. There is now only slight pain in the left arm and shoulder, and the swelling has disappeared from the left knee-joint; the bowels acted twice to-day; tongue white and coated, but inclined to clean.

24th.—Patient is very much better, and the choreic movements have almost ceased. The temperature still rises to about 99·5° every evening, but is normal in the morning. He has been allowed full diet again.

26th.—To-day the rheumatism has returned. For the first time a somewhat rough systolic bruit is to be heard at the base, apex, and outside the nipple (the second sound of the heart is not accentuated); the tongue is furred; and there is some swelling and tenderness of the left wrist. Temperature 102·4°; pulse 90. His diet has been altered, and the salicylate of soda resumed.

29th.—The rheumatic symptoms are now much less. Temperature 89·2°.

January 1.—The left wrist is better, but there is some fluid in the left knee-joint. The choreic movements are decidedly worse—patient not lying nearly so still as he did a week ago. The tongue is clean and moist.

4th.—There is now no pain in any of the joints, except in the right wrist, and the chorea is less. He sleeps well, and his appetite is good, but the bowels are confined. A mixture containing tinct. ferri perchlor. has been ordered, and patient is again on full diet.

8th.—There are occasional pains in one or more joints, but of short duration. The cardiac bruit is less clearly heard, and the temperature is normal.

14th.—Patient seems to have quite got rid of the rheumatism, but he is much troubled with the chorea. He now gets up every evening for a little

time. He is taking five minims of liquor arsenicalis three times a day.

17th.—The cardiac bruit is almost inaudible. The choreic movements are decidedly less marked, and patient's general condition has improved.

21st.—He complains to-day of a slight return of pains in the leg and wrist, and has an aching pain over the lumbar region. His appetite is good; tongue clean; bowels rather constipated. Temperature 99·6°.

24th.—To.day there is a second decided relapse. There are acute pains in the right shoulder and elbow, both knees and feet, and a little effusion into the knee-joints. The cardiac bruit is a little louder; the tongue is coated and the bowels are confined. Temperature 100·3°. The salicylate is commenced again, and patient has been put on milk diet.

25th.—Temperature 101·3°. Patient complains less of pain in the joints.

26th.—Morning temperature 101·6°; evening temperature 101°. Patient says the pains are almost entirely gone; the tongue is white and dry, but the bowels are open.

28th.—Temperature normal to-day; last night 99°. The choreic movements have been more marked lately, as they usually have been when the rheumatic attacks are severe.

30th.—Patient seems now to have recovered his usual condition; there are no rheumatic pains, and the movements are quieter. Temperature normal. Full diet resumed.

February 2.—The pain returns slightly at times, and to-day he has pain in the right knee and foot. The tongue is clean, and the appetite is good. The chorea is better; the cardiac bruit is still audible, but does not increase.

6th.—Patient keeps much better in every respect. He gets up every evening for an hour or two, and will go home in the ensuing week. He is again taking the arsenic mixture. On the whole the choreic movements have been reduced since admission, but have not ceased. His general condition has also improved.—*Medical Times and Gazette.*

[We remember seeing a case exactly similar to the above a few years ago in a little girl ten years of age.] Ed. Lancet.

RECOMMENDATIONS OF THE BRITISH MEDICAL COUNCIL, ON EDUCATION AND EXAMINATION.

1. That it be recommended to the licensing boards not to accept the certificate of proficiency in general (preliminary) education from any of the bodies, the names of which are contained in the list annually circulated, unless such certificate testify that the student to whom it has been granted has been examined in the following subjects:—(1) English Language, including grammar and composition; (2) Arithmetic, including vulgar and decimal fractions; (3) Algebra, including simple equations; (4) Geometry, first two books of Euclid, or the subjects thereof; (5) Latin, including translation and grammar; (6) also one of these optional subjects. Greek, French, German, elementary Mechanics of solids and fluids—meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics.

2. That it is desirable that the examination in general education be left to the Universities, and such other bodies engaged in general education and examination as may from time to time be approved by this Council; and that it be delegated to the Executive Committee to communicate with the licensing bodies on the subject.

3. That it be recommended to the various licensing bodies to instruct their examiners in professional subjects to report to them any cases in which decided ignorance in the subjects of general education has been displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed; and that the licensing bodies be requested to transmit such reports to the Registrar of the General Medical Council.

4. No medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council, and has produced evidence that he has commenced medical study.

5. The commencement of the course of professional study recognized by any of the qualifying bodies shall not be reckoned as dating earlier than fifteen days before the date of registration.

6. The several branch councils shall have power to admit special exceptions to the regulations as to registration for reasons which shall appear to them satisfactory.

7. The several qualifying bodies are recommended not to admit to the final examination for a qualification under the Medical Acts any candidate (not exempted from registration) whose name has not been entered in the Medical Students' Register at least forty-five months previously. In the case of candidates from other than schools of the United Kingdom, the branch councils shall have power to admit exceptions to this recommendation.

8. That the age of twenty-one be the earliest age at which a candidate shall obtain a license to practice, and that the age shall, in all instances, be duly certified.

9. That no licence be obtained at an earlier period than after the expiration of forty-five months subsequent to the registration of the candidate as a medical student.

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BELLADONNA EXTRACT, 1-4 and 1-2 gr.	50	2 25
BISMUTH, SUBNITRATE, 3 grs.	1 00	4 75
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BLUE PILL, U. S., 1-2, 1 and 3 grs.	50	2 25
BLUE PILL, U. S., 5 grs.	60	2 75
BLUE PILL COMPOUND.	75	3 50
{Pil. Hydrarg., 1 gr. Pulv. Opii., 1-2 gr. Pulv. Ipecac, 1-4 gr.}		
CAFFEIA, CITRATE, 1 gr.	4 00	19 75
CALCIUM, SULPHIDE, 1-10, 1-4, 1-2 & 1 gr.	75	3 50
CALOMEL, 1-2, 1, 2 and 3 grs.	50	2 25
CALOMEL. 5 grs.	60	2 75
CALOMEL COMPOUND. 2 grs.	60	2 75
{Antim. Sulph., Hydrarg. Chlor. Mite, *aa* 1-2 gr. Resina Guaiaci, 1 gr.}		
CALOMEL AND OPIUM, 3 grs.	85	4 00
{Hydrarg. Chlor. Mite, 2 grs., Opii, pulv., 1 gr}		
CAMPHOR AND HENBANE. 2 grs.	60	2 75
{Camphora, 1 gr., Ext. Hyoscyami, 1 gr.}		
CAMPHOR, HENBANE and VALERIAN, 2 1-2 grs.	60	2 75
{Camphora, Pulv., Ext. Hyoscyami. Alc., *aa* 1 gr. Ext. Valerianæ, 1-2 gr.}		
CAMPHOR, MONO-BROMATED, 2 grs.	1 50	7 25
CAMPHOR, MONO-BROMATED, 3 grs.	2 00	9 75

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CINCHONIDIA (ALKALOID), See Quinine List.		
CINCHONIA, SULPHATE, See Quinine List.		
CINCHONIDIA, SULPHATE, See Quinine List.		
COCA EXTRACT, 1 gr.	65	3 00
CODEIA, 1-16 gr.	1 75	8 50
CODEIA, 1-5 gr.	2 50	12 25
CODEIA, 1-2 gr.	3 50	17 25
COLOCYNTH COMP. EXTRACT, 3 grs.	1 00	4 75
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{Ext. Coloc. Comp., pulv., 2 grs. Pulv. Ipecacuanhæ, 1-6 gr. Pil. Hydrarg 2 grs.}		
COOK'S, 3 grs.	60	2 75
{Pulv. Aloes Soc., 1 gr. Hydrarg., Chlor., Mite, 3-4 gr. Pulv. Rhei, 1 gr. Pulv. Saponis, 1-4 gr.}		
COPAIBA, 3 grs.	75	3 50
COPAIBA AND OLEO-RESIN CUBEB, 3 grs.	75	3 50
{Pil. Copaibæ, 2 grs. Oleo-Resin Cubebæ, 1 gr.}		
COPAIBA AND OLEO-RESIN CUBEB, 5 grs.	1 25	6 00
{Pil. Copaibæ, 3 grs. Oleo-Resin Cubebæ, 2 grs.}	[1-20 gr. 50	2 25
CORROSIVE SUBLIMATE, 1-100, 1-40, 1-30 &		
CROTON OIL, 1-2 gr.	1 00	4 75
DAMIANA EXTRACT, 3 grs.	3 00	14 75
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DINNER (CHAPMAN'S), 4 grs.	60	2 75
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{Ergotin, Extract. Helleb. Niger, *aa* 1 gr. Ferri Sulph. Exsic., Pulv. Aloes Soc., *aa* 1 gr. Ol. Sabinæ, 1-4 gr.}		
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"HOSPITAL QUININE," see Quinine list.		
HYDRASTIA (WHITE ALKALOID), 1-2 gr.	2 50	12 25
HYDRASTIA (WHITE ALKALOID), 1 gr.	4 00	19 75
HYOSCYAMINE (RESINOID), 1-4 gr.	1 00	4 75
HYPOPHOSPHITES, COMPOUND.	1 50	7 25
{ Calcii Hypophos., 1 gr. } { Sodii " 3-4 gr. } { Potassii " 1-2 gr. } { Ferri " 1-4 gr. }		
IODOFORM, 1 gr.	1 50	7 25
IODOFORM AND IRON, 2 grs.	2 50	12 25
IPECAC AND OPIUM (DOVER, U. S.), 2 1-2 grs.	60	2 75
IPECAC AND OPIUM (DOVER, U. S.) 5 grs.	1 00	4 75
IRON BY HYDROGEN (QUEVENNE'S), 1 gr.	50	2 25
IRON BY HYDROGEN (QUEVENNE'S), 2 & 4 grs.	75	3 50
IRON, "BLAUD'S," See Ferruginous.		
IRON, BROMIDE, 3 grs.	1 50	7 25
IRON, CITRATE AND CINCHONIDIA, 2 grs.	85	4 00
IRON, CITRATE AND QUININE, } See		
IRON, CITRATE AND QUININE, } Quinine		
IRON, CITRATE AND QUININE, } List.		
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IRON, FERROCYANIDE, 3 grs.	60	2 75
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LAXATIVE (COLE'S).	60	2 75
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LIME, LACTO-PHOSPHATE, 5 grs.	2 00	9 75
LITHIUM BROMIDE, 2 grs.	1 50	7 25
LUPULIN, 3 grs.	50	2 25
MERCURY, BIN-IODIDE, 1-40, 1-25 & 1-16 gr.	50	2 25
MERCURY, CYANIDE, 1-20 gr.	50	2 25
MERCURY, PROTO-IODIDE, 1-5, 1-4 & 1-2 gr.	50	2 25
MORPHINE, ACETATE, 1-8 gr.	75	3 50
MORPHINE, ACETATE, 1-4 gr.	1 00	4 75
MORPHINE, MURIATE, 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-16, 1-10 & 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-6 gr.	85	4 00
MORPHINE, SULPHATE, 1-4 gr.	1 00	4 75
MORPHINE, VALERIANATE, 1-8 gr.	1 25	6 00
NEURALGIA (BROWN-SEQUARD).	2 00	9 75
{ Ext. Hyoscyami, 2-3 gr. } { " Conii, 2-3 gr. } { " Iguatii Amaræ, 1-2 gr. } { " Opii, 1-2 gr. } { " Aconiti, 1-3 gr. } { " Cannab. Indicæ, 1-4 gr. } { " Stramonii, 1-5 gr. } { " Belladonnæ, 1-6 gr. }		
NEURALGIA (DR. GHOSS); See Quinine list.		
NUX VOMICA EXTRACT, 1-4 and 1-2 gr.	50	2 25
OPIUM, U. S., 1 gr.	75	3 50
OPIUM EXTRACT, 1-4 gr.	75	3 50
OPIUM EXTRACT, 1-2 gr.	1 00	4 75
OPIUM EXTRACT, 1 gr.	1 50	7 25
OPIUM AND ACETATE OF LEAD, No. 1, 2 grs.	80	3 75
{ Opii Pulv., Plumbi Acet., aa 1 gr. }		
OPIUM AND ACETATE OF LEAD, No. 2, 2 grs.	60	2 75
{ Opii Pulv., 1-2 gr. } { Plumbi Acet., 1 1-2 grs. }		
OPIUM AND CAMPHOR. 3 grs.	80	3 75
{ Opium, 1 gr. Camphora, 2 grs. }		
OX GALL, 3 grs.	60	2 75
{ Fel Bovin. dsp., 2 grs. Pulv. Zingiber, 1 gr. }		
PEPSIN, 5 grs.	1 00	4 75
PEPSIN AND BISMUTH, 5 grs.	1 50	7 25
{ Pepsin, 2 grs., Bismuth Subnit., 3 grs. }		
PEPSIN, BISMUTH AND STRYCHNINE, 5 grs.	1 75	8 50
{ Pepsin, 2 1-2 grs. } { Bismuth Subnit., 2 1-2 grs. } { Strychnia, 1-50 gr. }		
PHOSPHATES IRON, QUININE & STRYCHNINE; See Quinine list.		
PHOSPHORUS, 1-100, 1-50, 1-30, 1-20 & 1-12 gr.	1 00	4 75
PHOSPHORUS COMPOUND, No. 1.	1 25	6 00
{ Phosphorus, 1-100 gr. } { Ext. Nucis Vomicæ, 1-4 gr. }		
PHOSPHORUS COMPOUND, No. 2.	1 25	6 00
{ Phosphorus, 1-60 gr. } { Ext. Nucis Vomicæ, 1-4 gr. }		
PHOSPHORUS COMPOUND, No. 3.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Nucis Vomicæ, 1-8 gr. }		
PHOSPHORUS COMPOUND AND IRON.	1 25	6 00
{ Phosphorus, 1-100 gr. } { Ferri Phosphas, 1-2 gr. } { Ext. Nucis Vomicæ, 1-8 gr. }		
PHOSPHORUS AND QUININE COMPOUNDS; See Quinine list.		
PHOSPHORUS AND EXTRACT ACONITE.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Aconiti Alc., 1-16 gr. }		
PHOSPHORUS AND EXT. CANNAB. INDIC.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Cannab. Ind., 1-4 gr. }		
PHOSPHORUS AND IRON,	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ferrum Redactum, 2 grs. }		
PHOSPHORUS AND STRYCHNIA.	1 25	6 00
{ Phosphorus, 1-50 gr., Strychnia, 1-60 gr. }		

	Bottles 100 pills	Bottles 500 pills
PHOSPHORUS, DIGITALIS & EXT. HYOSCYAMUS	1 25	6 00
{ Phosphorus, 1-50 gr. } { Pulv. Digitalis, 1 gr. } { Ext. Hyoscyami, 1 gr. }		
PHOSPHORUS, EXT. NUX VOM. & EXT. ALOES.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Nucis Vomicæ, 1-4 gr. } { Ext. Aloes Soc., 1-2 gr. }		
PHOSPHORUS, EXT. NUX VOM. & CARB. IRON.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Nucis Vomicæ, 1-4 gr. } { Ferri Carb., 1 gr. }		
PHOSPHORUS, IRON AND ALOES.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ferri Sulph. Exsic., 1 1-2 grs. } { Ext. Aloes Soc., 1 gr. }		
PHOSPHORUS, MORPHIA AND VAL. ZINC.	1 75	8 50
{ Phosphorus, 1-50 gr. } { Morphiæ Sulph., 1-12 gr. } { Zinci Valerianas, 1 gr. }		
PHOSPHORUS, NUX VOMICA & CANTHARIDES.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Pulv. Nucis Vomicæ, 1 gr. } { Tinct. Canthar. Conc., 1 minim. }		
PHOSPHORUS, SULPH. ZINC AND LUPULIN.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Zinci Sulphas, 1 gr. } { Lupulina, 1 gr. }		
PIPERIN COMPOUND.	75	3 50
{ Piperin, 1-4 gr. } { Hydr. Chlor. Mite., 1-4 gr. }		
PLUMMER'S (see Calomel Compound).	60	2 75
PODOPHYLLIN, 1-8 and 1-4 gr.	50	2 25
PODOPHYLLIN, 1-2 and 1 gr.	60	2 75
PODOPHYLLIN AND BLUE.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Pil. Hydrarg., 2 1-2 grs. }		
PODOPHYLLIN AND LEPTANDRIN.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Leptandrin, 1 gr. }		
PODOPHYLLIN, CAPSICUM AND BELLADONNA.	1 00	4 75
{ Podophyllin, 1-4 gr. } { Ext. Bellad. Alc., 1-8 gr. } { Pulv. Capsici, 1-2 gr. }		
PODOPHYLLIN, COLOC., HENBANE & CALOMEL.	1 00	4 75
{ Res. Podophylli, 1-4 gr. } { Ext. Col. Comp. Pulv., 1 gr. } { Ext. Hyoscyami, 1-4 gr. } { Hydrarg. Chlor. Mite, 1 gr. }		
PODOPHYLLIN COMPOUND.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Ext. Hyoscyami, 1-8 gr. } { Ext. Nucis Vomicæ, 1-16 gr. }		
PODOPHYLLIN, EXT. COLOC. & BELLADONNA.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Ext. Coloc. Comp., 2 grs. } { Ext. Bellad., 1-4 gr. }		
POKE ROOT COMPOUND.	1 00	4 75
{ Ext. Phytolaccæ, Alc., 2 grs. } { Ext. Stillingiæ, " 1 gr. } { Ext. Stramonii, " 1-8 gr. }		
POTASSIUM, BROMIDE, 2 grs.	1 00	4 75
POTASSIUM, BROMIDE, 5 grs.	1 50	7 25
QUINIDIA SULPHATE, See Quinine List.		
QUININE, BI-SULPHATE, SULPHATE AND COMPOUNDS OF QUININE, see Quinine list.		
QUININE, CARBOLATE, 1 gr.	3 50	17 25
QUININE, SALICYLATE, 1 gr.	3 50	17 25
QUININE, SULPHO-CARBOLATE, } See		
QUININE, SULPHO-CARBOLATE, } Quinine		
QUININE, SULPHO-CARBOLATE, } List.		
QUININE, SULPHO-CARBOLATE,		
QUININE, VALERIANATE, 1-2 gr.		
RHEUMATIC.	1 25	6 00
{ Ext. Coloc. Comp., 1 1-2 grs. } { Ext. Colch. Acet., 1 gr. } { Ext. Hyoscyami, 1-3 gr. } { Hydr. Chlor. Mite, 1-3 gr. }		
RHUBARB, U. S.	75	3 50
RHUBARB COMPOUND, U. S.	75	3 50
RHUBARB COMPOUND AND CALOMEL.	75	3 50
{ Pil. Rhei. Comp., 1 1-2 grs. } { Hydrarg. Chlor. Mite, 1 gr. }		
SALICIN, 2 1-2 grs.	1 25	6 00
SALICIN, 5 grs.	2 00	9 75
SALICYLIC ACID, 2 1-2 grs.	75	3 50
SALICYLIC ACID, 5 grs.	1 25	6 00
SALICYLIC ACID WITH MORPHINE.	1 25	6 00
{ Acid. Salicyllcum, 2 1-2 grs. } { Morphiæ Sulphas, 1-12 gr. }		
SALICYLIC ACID WITH MORPHINE.	2 00	9 75
{ Acid. Salicyllcum, 6 grs. } { Morphiæ Sulphas, 1-8 gr. }		
SANDAL WOOD EXTRACT (McK. & R.), 1 gr.	2 00	9 75
SANDAL WOOD EXTRACT " 2 grs.	3 00	14 75
SANTONIN, 1 gr.	1 00	4 75
SANTONIN AND CALOMEL.	1 25	6 00
{ Santonin, Hydrarg. Chlor. Mite, aa 1 gr. } { Theobroma Cacao. }		
SQUILL COMPOUND, U. S.	60	2 75
STRYCHNINE, 1-60, 1-40 and 1-30 gr.	50	2 25
STRYCHNINE COMPOUND.	1 00	4 75
{ Strychnia, 1-100 gr. } { Phosphorus, 1-100 gr. } { Ext. Cannab. Indic., 1-16 gr. } { Ginseng, 1 gr. } { Ferri Carb., 1 gr. }		
SULPHUR IODIDE, 1-25 and 1-10 gr.	50	2 25
SUMBUL EXTRACT, 1 gr.	3 00	14 75
SYPHILITIC (RICORD'S MODIFIED).	1 50	1 25
{ Hydr. Prot-Iodide, 1-2 gr. } { Lactucarium, 1-2 gr. } { Ext. Opii, 1-10 gr. } { Ext. Cicutæ, 1 1-2 grs. }		
TARTAR EMETIC, 1-100, 1-20 and 1-4 gr.	50	2 25
TONIC (DR. AIKEN'S). See Quinine list.		

BE CAREFUL TO SPECIFY McKESSON & ROBBINS'.

	Bottles 100 Pills	Bottles 500 Pills
TRIPLEX. (Ext. Aloes, 2 grs.; Pil. Hydrarg., 1 gr.; Podophyllin, 1-4 gr.)	1 00	4 75
TRIPLEX (DR. FRANCIS). (Pulv. Aloes Soc. Pil. Hydrarg.; Pulv. Scammonii. Ol. Tiglii; Pulv. Myrrhæ. Ol. Carui.)	1 00	4 75
VALERIAN EXTRACT. 3 grs.	60	2 75
ZINC, OXIDE. 1-2 gr.	80	3 75
ZINC, PHOSPHIDE. 1-6 and 1-4 gr.	1 00	4 75
ZINC, PHOSPHIDE. 1-2 gr.	1 00	4 75
ZINC, PHOSPHIDE & EXT. NUX VOMICA. (Zinci Phosphidum, 1-10 gr.; Ext. Nucis Vomicæ, 1-4 gr.)		
ZINC, VALERIANATE. 1 gr.	1 00	4 75

RECENT ADDITIONS TO OUR LIST OF GELATINE-COATED PILLS.

	Bottles 100 Pills	Bottles 500 Pills
APHRODISIAC. (Turnera Aphrodisiaca, 2 grs.; Phosphorus, 1-100 gr.; Ext. Nucis Vomicæ, 1-3 gr.)	1 65	9 00
BELLADONNA EXTRACT. 1-8 gr.	50	2 25
DANDELION EXTRACT. 3 grs.	55	2 50
HYDRASTIN and PODOPHYLLIN. (Hydrastin Phosphas., 1-4 gr.; Podophyllin, 1-20 gr.)	1 00	4 75
HYOSCYAMIA (ALKALOID). 1-50 gr.	5 00	24 75
PODOPHYLLIN COMPOUND (ECLECTIC). (Podophyllin, 1-8 gr.; Leptandrin, Juglandin, aa, 2 grs.; Macrotin, 1-32 gr., Ol. Capsici.)	1 00	4 75

Our Pills are procurable from all respectable Druggists, or sent by mail direct from New York, in Boxes of 100 and 500, upon receipt of list price, whenever it is impossible to obtain McKesson & Robbins' at your Druggists'.
Private formulas of 3,000, or over, made and coated to order.

McKESSON & ROBBINS' GELATINE-COATED PILLS;

QUININE AND OTHER CINCHONA ALKALOIDS.

Owing to the frequent market fluctuations of Sulphate of Quinine and the consequent necessary changes in the prices of pills containing it, we have placed them by themselves, for convenience of reference; our discount remaining the same for both lists.

	Bottles 100 pills	Bottles 500 pills
CINCHONA BARK ALKALOIDS. (Quiniæ Sulph., 1-2 gr.; Quinidiæ Sulph., 1-2 gr.; Cinchoniæ Sulph., 1-2 gr.; Cinchonidiæ Sulph., 1-2 gr.)	1 90	9 25
CINCHONIA, SULPHATE. 3 grs.	95	4 50
CINCHONIA, SULPHATE. 5 grs.	1 40	6 75
CINCHONIDIA (ALKALOID). 1 gr.	95	4 50
CINCHONIDIA (ALKALOID). 2 grs.	1 55	7 50
CINCHONIDIA (ALKALOID). 3 grs.	2 05	10 00
CINCHONIDIA, SULPHATE. 1 gr.	80	3 75
CINCHONIDIA, SULPHATE. 2 grs.	1 40	6 75
CINCHONIDIA, SULPHATE. 3 grs.	2 00	9 75
CINCHONIDIA, SULPHATE. 4 grs.	2 50	12 25
CINCHONIDIA, SULPHATE. 5 grs.	3 00	14 75
"HOSPITAL QUININE." 1-4 gr.	65	3 00
"HOSPITAL QUININE." 1-2 gr.	80	3 75
"HOSPITAL QUININE." 1 gr.	1 25	6 00
"HOSPITAL QUININE." 1 1-2 grs.	1 95	9 50
"HOSPITAL QUININE." 2 grs.	2 50	12 25
"HOSPITAL QUININE." 3 grs.	3 75	18 50
"HOSPITAL QUININE." 4 grs.	5 00	24 75
"HOSPITAL QUININE." 5 grs.	6 25	31 00
The unbleached, crystallized, combined alkaloids of Cinchona bark, (Cinchonia alone separated) containing fifty per cent. pure Quinia Sulph.		
IRON & CINCHONIDIA, CITRATE. 2 grs.	75	3 50
IRON & CINCHONIDIA, CITRATE. 3 grs.	1 10	5 25
IRON & QUININE, CITRATE. 1 gr.	95	4 50
IRON & QUININE, CITRATE. 2 grs.	1 40	6 75
IRON & QUININE, CITRATE. 3 grs.	1 90	9 25
IRON, QUININE AND STRYCHNINE. (Ferrum Redactum, 1 gr.; Quiniæ Sulphas, 1 gr.; Strychnia, 1-60 gr.)	1 90	9 25
NEURALGIA, (DR. GROSS'). (Quiniæ Sulphas, 2 grs.; Morphiæ Sulphas, 1-20 gr.; Strychnia, 1-30 gr.; Acid. Arseniosum, 1-20 gr.; Ext. Aconiti, 1-2 gr.)	3 75	18 50
NEURALGIA (GROSS), as above, without Morphine	3 50	17 25
PHOSPHATES IRON, QUININE & STRYCHNINE. (Ferri Phosphas, 2 grs.; Quiniæ Phosphas, 1 gr.; Strychniæ Phosphas, 1-60 gr.)	1 90	9 25
PHOSPHORUS AND QUININE. (Phosphorus, 1-50 gr.; Quiniæ Sulph., 1 gr.)	2 25	11 00
PHOSPHORUS, IRON AND QUININE. (Phosphorus, 1-100 gr.; Ferri Carb. (Vallet's), 1 gr.; Quiniæ Sulph., 1 gr.)	2 50	12 25
PHOSPHORUS, IRON, QUININE & NUX VOM. (Phosphorus, 1-100 gr.; Ferri Carb. (Vallet's), 1 gr.; Quiniæ Sulph., 1 gr.; Ext. Nucis Vomicæ, 1-2 gr.)	2 50	12 25
PHOSPHORUS, QUINIA, IRON AND STRYCHNIA. (Phosphorus, 1-100 gr. Ferri Redact., 1 gr.; Quiniæ Sulph., 1 gr. Strychnia, 1-60 gr.)	2 50	12 25
QUINIDIA, SULPHATE. 1 gr.	1 00	4 75
QUINIDIA, SULPHATE. 2 grs.	1 90	9 25
QUINIDIA, SULPHATE. 3 grs.	2 50	12 25
QUININE, BI-SULPHATE, same sizes and prices as Sulphate, see below.		
QUININE BROMIDE. 1 gr.	3 15	15 50
QUININE BROMIDE. 2 grs.	4 50	22 25
QUININE BROMIDE. 3 grs.	6 25	31 00
QUININE, CARBOLATE. 1 gr.	3 15	15 50
QUININE, SALICYLATE. 1 gr.	3 15	15 50
QUININE, SULPHATE. 1-4 gr.	90	4 25
QUININE, SULPHATE. 1-2 gr.	1 05	5 00

	Bottles 100 pills	Bottles 500 pills
QUININE, SULPHATE. 1 gr.	1 60	8 75
QUININE, SULPHATE. 1 1-2 grs.	2 80	13 75
QUININE, SULPHATE. 2 grs.	3 50	17 25
QUININE, SULPHATE. 3 grs.	5 10	25 25
QUININE, SULPHATE. 4 grs.	6 90	34 25
QUININE, SULPHATE. 5 grs.	8 50	42 25
QUININE, SULPHO-CARBOLATE. 1 gr.	3 15	15 50
QUININE, SULPHO-CARBOLATE. 2 grs.	4 50	22 25
QUININE, SULPHO-CARBOLATE. 3 grs.	6 80	32 25
QUININE, SULPHO-CARBOLATE. 5 grs.	10 25	51 00
QUININE, VALERIANATE. 1-2 gr.	1 90	9 25
QUININE AND ALOES. (Quiniæ Sulphas, 3-4 gr.; Pulv. Aloes Soc., 1-4 gr.)	1 65	8 00
QUININE AND ARSENIC. (Quiniæ Sulphas, 1 gr.; Acid. Arseniosum, 1-30 gr.)	1 90	9 25
QUININE AND CAPSICUM. (Quiniæ Sulph., 1 gr.; Pulv. Capsici., 1-4 gr.)	1 90	9 25
QUININE AND IRON BY HYDROGEN. (Quiniæ Sulphas, 1 gr.; Ferrum Redactum, 1 gr.)	1 90	9 25
QUININE AND IRON, CARBONATE. [Quiniæ Sulphas, 1 gr. Ferri Subcarb., 2 grs.]	1 90	9 25
QUININE AND IRON, IODIDE. (Quiniæ Sulph., 1-2 gr.; Ferri Iodidum, 1 gr.)	1 40	6 75
QUININE AND STRYCHNINE. (Quiniæ Sulphas., 1 gr.; Strychnia, 1-60 gr.)	1 90	9 25
QUININE, ARSENIC AND NUX VOMICA. (Quiniæ Sulphas, 1 gr.; Acid. Arseniosum, 1-60 gr.; Ext. Nucis Vomicæ, 1-4 gr.)	1 90	9 25
QUININE COMPOUND. (Quiniæ Sulphas., 1 gr.; Ferrum Redact., 1 gr.; Acid. Arseniosum, 1-32 gr.)	1 90	9 25
QUININE COMPOUND AND EXT. DANDELION. (Quiniæ Bi-Sulph., 1 1-4 grs.; Ferri Sulph., Exsic., 2 grs.; Acid. Arseniosum, 1-24 gr.; Extract Taraxici, 1 1-4 grs.)	2 25	11 00
QUININE COMPOUND AND STRYCHNINE. (Quiniæ Sulphas, 1 gr.; Ferrum Redactum, 1 gr.; Strychnia, 1-20 gr.; Acid. Arseniosum, 1-20 gr.)	1 90.	9 25
QUININE, IRON AND NUX VOMICA. (Quiniæ Sulph., 1 gr.; Ferri Carb. (Vallet's), 2 grs.; Ext. Nucis Vomicæ, 1-4 gr.)	1 90	9 25
QUININE, PHOSPHORUS AND IRON. See Phosphorus, Iron, &c., above.		
QUININE, PHOSPHORUS AND NUX VOMICA. (Quiniæ Sulphas, 1 gr.; Phosphorus, 1-60 gr.; Ext. Nucis Vomicæ, 1-40 gr.)	2 50	12 25
QUININE, PHOSPHORUS AND NUX VOMICA. (Quiniæ Sulphas, 1 gr.; Phosphorus, 1-60 gr.; Ext. Nucis Vomicæ, 1-4 gr.)	2 50	12 25
QUININE, QUASSIA AND NUX VOMICA. (Quiniæ Sulph., 1 gr.; Ext. Quassiæ, 1 gr.; Ext. Nucis Vomicæ, 1-4 gr.)	2 25	11 00
TONIC (DR. AIKEN'S). (Quiniæ Sulph., 1 gr.; Acid. Arseniosum, 1-50 gr.; Ferrum Redactum, 2-3 gr.; Strychnia, 1-50 gr.)	1 90	9 25

NOTE.—The **advantages** of a **perfect coating** of **Gelatine** are so obvious that many imitations of our Pills have been placed upon the market and called by different names, calculated to deceive the Profession as to their merits. We would call the attention of Physicians and Druggists to this fact, and **request** them to **specify McK. & R.'s in their prescriptions and orders.**

McKESSON & ROBBINS,

Manufacturing Chemists,

91 FULTON STREET, NEW YORK.

GELATINE COATED

PILLS AND GRANULES,

OVAL IN FORM --- PERFECT IN COATING.

Powdered Purified Chinoidine.

Containing all the Non-Crystallizable Alkaloids of Cinchona Bark.

Similar preparations have been lately offered in market *at high prices* under different fancy appellations, and claims made for the same as of equal efficiency with Quinine. As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail an ounce upon receipt of FIFTY CENTS.

Gelatine-Coated Pills, 1, 2, 3 and 5 grs.

Bi-Sulphate of Quinine.

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known is not usually considered except in prescriptions, when this difficulty is overcome by the addition of Acid: and the further fact that **Bi-Sulphate of Quinine** is soluble in **only 10 parts of water** is as little appreciated.

McKESSON & ROBBINS have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **Bi-Sulphate of Quinine Pills,** and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1-4 grain to 5 grains.

Phosphorus & Combinations.

We have now five sizes of Phosphorus Pills on our list and over twenty combinations.

CATHARTIC PILLS.

COMPOUND, IMPROVED, VEGETABLE.

Our Cathartics have been received with much favor both on account of their easy administration and certainty of effect.

We have over *thirty* varieties of Cathartic and Laxative Pills.

Solubility of Quinine Salts.

Quinine, Sulph.	dissolves in	700	pts. water.
QUININE BI-SULPH.,	"	**10**	" "
Quinine, Muriate.	"	24	" "
Quinine, Bromide,	"	50	" "
Quinine, Hypophos.,	"	60	" "
Quinine, Valerianate,	"	110	" "
Quinine, Tannate,	"	500	" "

The above table demonstrates the greater solubility of the Bi-Sulphate; a very important point, especially when administered in the form of pills or powders; and, even when solutions are prescribed, the use of the definite salt is believed to be better than the addition of Acid to the Sulphate, as the Bi-Sulphate dissolves at once in water.

We have Gelatine-Coated Pills of the Bi-Sulphate, Sulphate, Bromide, Muriate and Valerianate of Quinine.

Preparations of Ergot.

A great demand exists for a reliable form of this invaluable medicine, and, as we have devoted much time and study to the subject, we are able to offer our Gelatine-Coated Ergotin Pills, with confidence, to the profession. We will be glad to furnish a sample of these pills to any physician who desires to test them in his practice and we feel sure that he will find them one of the most reliable forms of this very changeable drug. Our pills contain 3 grains of Purified Ergotin. We also prepare Hypodermic Ergotin of the finest quality.

Sulphide of Calcium Pills.

1-10, 1-4, 1-2 and 1 grain.

We introduced these pills about two years ago, since which time they have come into extensive use.

An eminent physician has prescribed 1-10 grain every hour, with great success, in cases of scrofula, glandular enlargements, &c.

We will be glad to furnish samples of these pills to any physician.

Pocket FORMULA BOOK, containing much valuable information, sent free.

10. That the course of professional study required for a licence shall occupy at least four years, of which at least three winter and two summer sessions shall be passed at any school recognized by any of the licensing bodies mentioned in Schedule (A) of the Medical Act.

11. That it is undesirable that any teaching or licensing body should insist on the student taking more than one course of lectures on any one subject.

12. That the following are the subjects, without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered :—1. Chemistry, including a knowledge of the principles of chemistry, and of those details of the science which bear on the study of medicine ; and Chemical Physics, meaning thereby heat, light, and electricity. 2. Anatomy. 3. Physiology. 4. Materia Medica and Pharmacy. 5. Pathology, including morbid anatomy. 6. Medicine, including medical anatomy, clinical medicine, and therapeutics. 7. Surgery, including surgical anatomy and clinical surgery. 8. Midwifery. 9. Forensic Medicine.

13. That the Council will view with approbation any encouragement held out by the licensing bodies to students to prosecute the study of the natural sciences before they engage in studies of a strictly professional character.

14. That a certificate be required, by each licensing body, from every candidate for its degree, diploma, or licence to practise medicine or surgery, that he has studied vaccination under a competent and recognized teacher ; that he has himself performed the operation successfully under the teacher's inspection ; that he is familiar with the different stages of the vaccine vesicle, and with the methods of preserving lymph ; and that he is thoroughly informed in every necessary part of the subject.

15. That such a certificate should be received by any licensing body only from an institution where the appointed teacher of vaccination is recognized by the Local Government Board.

16. That it is desirable that the different licensing bodies, whether singly or in combination, should frame their examinations so as to secure that the knowledge of every practitioner whose name appears on the Register shall have been tested in all the subjects of professional education which the Council has determined to be essential, viz. :—1. Chemistry, including a knowledge of the principles of chemistry, and of those details of the science which bear on the study of medicine ; and Chemical Physics, meaning thereby heat, light, and electricity. 2. Anatomy. 3. Physiology, 4. Materia Medica and Pharmacy. 5. Pathology, including morbid anatomy. 6. Medicine including medical anatomy, clinical medicine, and therapeutics. 7. Surgery, including surgical anatomy and clinical surgery. 8. Midwifery. 9. Forensic Medicine.

17. (*a*) That there be in future three professional examinations. (*b*) That the professional examination be arranged in two divisions; the first division to embrace the more elementary subjects. The first division may be completed at or before the close of the second year of professional study, but the second division not till the expiration of two years after the passing of the first division, nor before the completion of the fourth year of study. That the examinations, and the subjects included in each, be such, and in such order, as may insure, so far as possible, a due continuity and sequence of study.

18. That the first division of the examinations shall include the following subjects :—1. Chemistry and Chemical Physics. 2. Anatomy. 3. Physiology. 4. Materia Medica and Pharmacy. That the second division of the examinations shall include the following subjects :—1. Pathology, including morbid anatomy. 2. Medicine, including medical anatomy, clinical medicine, and therapeutics. 3. Surgery, including surgical anatomy and clinical surgery. 4. Midwifery. 5. Forensic Medicine.

19. That it is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year of professional study.

20. That the professional examinations be conducted both in writing and orally ; and that they be practical in all branches in which they admit of being so.

21. That not less than two examiners shall take part in every oral and clinical examination.

22. That the questions to be answered in writing should be submitted to the whole body of examiners for consideration, and revision if desirable, before being proposed to the candidates.

23. That the written answers should be submitted to more than one of the examiners.

24. That the excellence in one or more subjects should not be allowed to compensate for failure in others.

25. That the professional examinations be held by the several licensing bodies, except in special cases, at stated periods, to be publicly notified.

26. That returns from the licensing bodies in Schedule (A) be made annually, on January 1, and in a prescribed form, to the General Medical Council, stating the number of the candidates who have passed their first as well as their second and third examinations, and the number of those who have been rejected at the first, second and third examinations respectively ; and that the Registrar forward a sufficient number of forms, with a notice for their being returned in due time.

27. That it is not desirable that any University of the United Kingdom should confer any degree in medicine or surgery, whether that of bachelor, doctor, or master, upon candidates who have not graduated in Arts, or passed all the examinations required by the bachelorship in Arts, or passed, after due course of education, examinations, such as are *bonâ fide*, academically equivalent to those required for a degree in Arts.

28. That in the opinion of the Council it would be desirable, as a general rule, that none of the higher degrees or qualifications in medicine or surgery should be conferred on persons who have not shown evidence of higher professional attainments.

29. That it is desirable that in the examinations on several of the subjects of the curriculum, such, for example, as Chemistry, including chemical physics, physiology, and materia medica, the licensing bodies should limit and define by schedule the extent of examination.

30. That it be recommended that in no case should the examination of a candidate by any of the licensing bodies in any subject be conducted wholly by the lecturer or teacher in that subject in the school in which the candidate has been educated.

31. That it is desirable that observation with the microscope should form part of the examinations of candidates for a licence.

32. That it be recommended that candidates for the final professional examination be required to give evidence that they have had opportunities of practical study with care of patients, as pupil, assistant, clinical clerk, or dresser, in hospital, dispensary, or elsewhere.

33. That it is desirable that, in examinations in Anatomy, candidates should understand that they may be called upon to perform actual dissections, and that candidates in examinations in Surgery should understand that they may be called upon to perform one or more operations on the dead subject.—*Med. Times and Caz.*

DILATATION OF THE STOMACH MISTAKEN FOR OVARIAN CYST.

[The following extraordinary case is reported in the Detroit *Lancet*, Jan. '80, by A. Reeves Jackson, A.M., M.D., of Chicago.] On the 28th day of October last I was called, through the courtesy of Dr. B., a prominent surgeon of this city, to visit Mrs. X., a resident of Chicago, who was supposed to be suffering from ovarian dropsy. On reaching the house of the patient I obtained the following history: She was twenty-two years of age, and had been married a little more than a year. In the early part of August she was delivered of a still-born child after a natural labor, which presented no unusual features. About ten days afterwards, when she quitted her bed, she noticed an enlargement in the right iliac region, which seemed to "roll about" when the position of the body was changed. The bowels were obstinately constipated, urine scanty, appetite good, sometimes voracious, but she had frequent attacks of vomiting within a short time after eating. She had lost flesh rapidly, and in two and a half months her weight had been reduced from 145 to less than 100 pounds.

There was no evidence of cardiac, hepatic or renal disease, unless it were, possibly, the character of the urine, already referred to.

The vomiting, which was increased whenever the patient attempted to lie on the back, interfered greatly with the making of a satisfactory physical examination. I found the abdomen very much enlarged, the fullness being tolerably uniform, although the greatest distension was in an oblique direction, from the left hypochondriac to the right iliac region. The superficial vessels were not prominent, nor was the umbilical depression effaced. Palpation showed that the enlargement was soft and yielding, no hardness being perceptible in any part; neither could I detect the outline of any tumor or cyst. A wave of fluctuation could be transmitted in every direction. When the patient lay on either side there was a dull percussion sound in all the dependent parts, reaching as high as the navel, above which point the sound was clear and resonant. It seemed evident that the abdomen contained fluid which obeyed the laws of gravitation. The uterus was in normal position, soft and slightly enlarged. No fluctuation could be detected by vaginal or rectal touch. As the result of the examination, the surgeon in charge of the case adhered to his diagnosis of ovarian cyst, but inasmuch as it was my opinion that the enlargement was due to ascites, he agreed to make a diagnostic tapping before resorting to ovariotomy.

The abdomen was tapped and two or three ounces of a dark-colored fluid, removed. The fluid had a sour odor, an acid reaction, and contained portions of partly-digested food, among which could be distinguished swollen grains of rice, pieces of potato, bread, meat, etc. To my question, put in a jesting manner, whether he had tapped the stomach, the doctor said that such a thing was impossible, since the trocar had been introduced at least three inches below the navel. His explanation of the fact of the fluid possessing these characteristics having been removed from that part of the abdomen was that the woman had been suffering from an ulcer of the stomach, which, having caused extensive perforation, had permitted the gastric contents to escape into the peritoneal cavity, whence he had removed a part, and, he added, with characteristic energy, "There's a bucketful in there yet." He proposed to open

the abdomen the following morning for the purpose of taking away the remainder.

November 1, present Drs. B., Steele, Moore and Jackson. The air of the room in which the patient lay was saturated with carbolic spray, and the temperature raised to about 78°. The patient was etherized, and an incision made by Dr. B. in the median line about 4 in. long, midway between the umbilicus and pubes. This was deepened until there came into view a dark-red, congested body which resembled a fibro-cyst of the uterus. It seemed adherent to the abdominal wall, but the operator, believing he had not yet penetrated the peritoneum, made an incision into it about an inch long, giving exit to a large quantity of gas and partly digested food, having a disagreeable, rancid and sour odor. Among the escaping substances could be discerned pieces of meat, potato, rice, the entire pulp and seeds of grapes, etc. The incision in the abdominal wall was now carried about three inches above and to the right of the umbilicus. The opening in the cyst-like body was also enlarged upwards to about four inches. This permitted the contents to escape more freely, which they did to the amount of six or eight quarts, obscuring, for the time being, all the anatomical relations of the parts. They were received into a tub placed by the side of the table, and when they were sufficiently cleared away from the abdomen to permit a proper examination, it was discovered that the latter incision—as well as the trocar puncture—had been made into the wall of an enormously dilated stomach, along its anterior border between the lesser and greater curvature. The stomach was now drawn forward and a stream of warm carbolized water thrown into it, cleansing it thoroughly. The operator then passed his hand into its interior and stated that he could discover no obstruction or thickening about the pylorus. The part was not examined by anyone else. The uterus and ovaries were normal. During the operation the patient's pulse became extremely rapid and feeble, and it was found necessary to administer several hypodermic injections of brandy in order to keep her from sinking. The unfortunate woman expired about midnignt.

At the autopsy, the cavity of the abomen was found to be occupied by an immense cyst, which proved to be the stomach filling up the entire space in front of the other abdominal organs. When opened it was found to contain three or four quarts of very dark fluid; the pyloric orifice was contracted to the size of a crow-quill and the tissue about it infiltrated with scirrhus deposits.

[Comment is wholly unnecessary, nothing but the grossest carelessness, or an utter inability to interpret the clinical features of the case could have led to such a fatal blunder.]—Ed. Lancet.

Bromide of Ethyl.—The New Anesthetic.—To Dr. Lawrence Turnbull is due the credit of introducing this anesthetic, which for rapidity of action and quickness of recovering from its effects has claims to superiority over other agents for producing insensibility to pain. Dr. R. J. Levis, of Philadelphia, finds much to recommend in it. He finds that it produces but slight disturbance of the circulation, rendering the danger of syncope very small. Complete anæsthesia is produced by bromide of ethyl in from two to three minutes. After-nausea is infrequent. "My own plan, with adults, is to pour two drachms of the bromide of ethyl on a small napkin folded up to a space of about four inches square, and then laid on a larger napkin, folded so as to be large enough to cover the entire face of the patient. It is well to secure the two napkins together with a pin. The vapor of the bromide of ethyl is not inflammable; indeed, when dense, it extinguishes a flame if brought into contact with it. In this respect it is free from the danger incident to ether when administered at night in proximity to lights, or when the actual cautery is used. The article used by me was made by the firm of Powers & Wightman, manufacturing chemists, of this city."—*West. Lancet.*

THE TREATMENT OF HYSTERICS.

I think that this woman told me that she suffered from falling of the womb; but however that may be, she is certainly a very nervous woman—almost hysterical—so much so that she cannot answer any of my questions. I try to calm her by holding her hand firmly, and endeavor to divert her attention by feeling her pulse. You will find this sometimes a very excellent means of quieting these hysterical patients. Her hysterical aphonia is very marked, but I gather, from her sobbing utterances between the spasms, that she is 34 years of age and unmarried. This hysterical contraction of one or all of the sphincters of the body is a very strange thing for us to understand, but we very often meet with it. Now it is a spasm of the sphincter ani, with difficulty in defecation; again it turns up as dysuria, with scalding sensations in the passage of the urine, due to contraction of the muscular fibres throughout the whole length of the urethral track; or we may have spasm of the internal os uteri; or, as in this instance, of the epiglottis and trachea.

I introduce my hand into the vagina, and find a virgin os, long, sickle-shaped, and looking upward and forward, instead of downward and backward. But the examination gives rise to so much pain and such hysterical symptoms that I shall postpone it until after the lecture is ended. Meanwhile, let me say a few words to you regarding hysteria and its treatment.

Hysteria is a disease to which every woman is

liable; and which, every physician will be, some time or other, called upon to treat. Most of you will find it very hard, in most instances, to distinguish between hysteria and organic disease, for it, in many instances, mimics exactly grave structural diseases. There is no difficulty in forming a diagnosis when you meet with a real hysterical attack, attended with screaming and groaning and kicking.

When you are called to treat a young girl with a hysterical attack, there are three things which you had better do. (1) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly—take a good sized lump of ice, and press it right down upon the nape of the neck. This produces quiet by its powerful impression upon the nervous system.

When the attack is entirely under control, the best method of preventing the occurence of another attack is to administer a full dose of assafœtida—none of your small, two or three grain doses, but ten grains all at once.

I am in the habit of regarding a hysterical woman in the same light as a skittish, unmanageable horse; and just as I catch the one by means of a handful of oats, so I do not hesitate to entrap the woman by much the same means. I remember one instance, in which I assured the husband of a hysterical woman that the drug I was giving—assafœtida—had a very powerful odor and had come from a very great distance. I have no doubt that he thought I had sent all the way to the Orient after it, and gave his wife to understand accordingly; certainly, my words acted like a charm in that case.

There is everything in a doctor's manner in the sick room; and he who looks and speaks hopefully, saying, "take this, and you will get well," and "do that, and you will feel better the next moment," is much more likely to cure his patient than the man who magisterially goes through the motions, without a ray of light or hope in his face, ordering "this pill to be taken in half an hour," and "so many teaspoonfuls of that prescription to be given at such and such times."—Dr. Wm. Goodell, in *Clinical News.*

Medical and Sanitary Legislation.—The Government this year introduced their Medical Act Amendment Bill into the House of Commons at once, in order that it might, without delay, be referred to the Select Committee on the Medical Bills, which Committee was to be reappointed. The Bill was brought in by Lord George Hamilton, and read a first time, on Tuesday, the 10th, and it stood for the second reading in the orders of the day on the 11th. But it has got no further. Ireland and Her Majesty's faithful Opposition have delayed the progress of business in the House of Commons so effectually that the Address in reply to the Queen's Speech has not yet been got rid of. Dr. Lush's Medical Bill has been read a second time; but it stood first on the orders of the day on Wednesday, and was not opposed, so that there was time for it to be read before six o'clock. But Mr. Plunket had given notice of an amendment to the other Medical Bill, and the Irish Volunteer Corps Bill stood before it in the orders. Mr. Mills' Medical Act Amendment Bill has also been introduced, and Mr. Errington's Bill to amend the law relating to the Qualifications required for holding certain Medical Appointments is to be brought forward. The Lord Advocate has introduced an "Artisans and Labourers' Dwellings Improvement (Scotland)" Bill; and several other measures in which the medical profession will feel a special interest have been, or are to be, introduced.—*Med. Times and Gazette.*

Surgical Statistics with and without Listerism.—The statistics given by Mr. Lister of the results from his operations performed under strict antiseptic precautions, have called forth a reply from the pen of Mr. James Spence, of Edinburgh. Mr. Lister took a period of five and three-quarter years, during the period when he says his antiseptic system has been more perfectly carried out. During that time he had performed eighty major amputations, with nine deaths. Claiming the same right, Mr. Spence takes a period before the antiseptic system was heard of, when he used the very simplest dressings. He finds that out of sixty-three major amputations he had three deaths; during the same period, out of twenty-three excisions there was but one death. Mr. Spence objects to Mr. Lister's elimination of fatal cases, by which means the claim is made that "no patient died from a preventable disease;" and he reminds Mr. Lister of a fatal case of amputation at the shoulder-joint, of which no mention had been made. Mr. Lister's experience in ununited fractures of the femur is thought to be unusually extensive, for during a much longer period Mr. Spence has met with but two such cases, and one of these was rather a case of delayed union than non-union. Both were operated upon successfully, and without giving rise to constitutional symptoms. According to Mr. Spence, Mr. Lister does not state clearly the results of his operations as regards union, but Mr. Spence knows of one case in which the operation was repeated once or twice without union resulting. Of the resection of bones during acute necrosis, Mr. Lister gives no examples; in this class of cases Mr.

Spence has been uniformly successful, and no spray or special antiseptic method has been used. Nor does Mr. Lister give his results in excision of tumors, although Mr. Spence claims that the large cut surface exposed to the air during these operations render this class of cases, according to the germ theory, especially liable to infection; in Mr. Spence's experience it is the exception for these cases not to do well. In regard to the application of the antiseptic system to chronic abscesses, Mr. Lister is asked to explain the fact that when he left the Edinburgh Infirmary there remained in his wards, uncured, some seventeen of these cases. Mr. Spence found in his experience that, as regards constitutional symptoms, these cases did well under the antiseptic system, but not as to cure or arrest of discharge.—*The British Medical Journal*, Jan. 24, 1880. *Med. Record.*

Proof of Death.—Those timid beings who are haunted by apprehensions of being buried alive, and who make testamentary provisions against such a contingency, may now take courage, for science has supplied an infallible means of determining whether or not the vital spark has quitted the mortal frame. Electricity enables us to distinguish with absolute certainty between life and death; for two or three hours after the stoppage of the heart, the whole of the muscles of the body have completely lost their electric excitability. When stimulated by electricity they no longer contract. If, then, when Faradism is applied to the muscles of the limbs and trunk, say five or six hours after supposed death, there be no contractile response, it may be certified with certainty that death has taken place, for no faint, nor trance, nor coma, however deep, can prevent the manifestation of electric muscular contractility. Here there is no possibility of mistake, as there certainly was when the old tests were employed. Muscular contractility under the Faradic stimulus disappears gradually after death. It is instantly diminished, but only finally extinguished in about three hours; and hence Dr. Hughes Bennett has suggested that electricity may sometimes be of use in medico-legal investigations, by affording evidence as to the time of death.—*Med. News and Circular.*

Sims' Speculum Always at Hand.—The index and middle fingers of the right hand may be used as a perineal retractor in place of the ordinary Sims' speculum. They may be introduced with the patient in Sims' latero-prone position, the operator standing back of the patient, on the side of the table, in exactly the position of the assistant, who holds the speculum in the ordinary way. In this manner the cervix and vagina may be exposed almost as well as by the speculum. This method of exposing the parts may be of great use when a speculum is needed and not accessible; in the application, for instance, of the tampon in sudden hemorrhage, or in consultations at a distance, when, for reasons not anticipated, it becomes necessary to examine the pelvic organs.—*Chicago Med. Gaz.*

Treatment of Delirium Tremens.—Opium given in large and enormous doses, as was formerly the practice, was conclusively shown by Ware to be pernicious. Sleep is the desired object, but narcosis is not a substitute therefor. It is hazardous to induce the latter. But an opiate, in small or moderate doses, is often useful. A quarter of a grain of the sulphate of morphia every four or six hours, or an equivalent of codeia or some other preparation, is the safe limitation as regards dose and intervals. Alcohol is relied on by many, but opposed by some on the ground of moral considerations. The latter are of little weight. The patient will not be likely to resume the habit which has caused the disease any the more, because alcohol may have conduced to the recovery. In the treatment, alcohol should be given in moderate quantity, and suspended when sleeping occurs. It is indicated especially when the patient is much enfeebled, and the pulse denotes cardiac weakness. The inhalation of chloroform may be tried, especially when the delusions induce extreme terror or violence of delirium. It sometimes is useful, but more frequently it fails. The attempt to produce anæsthesia is often resisted by the patient, and the violence of the delirium is thereby increased. The hydrate of chloral is more easily employed. It sometimes acts like a charm. Proper precautions are to be observed in the use of this remedy. The bromides may be given with much less reserve. They should be fairly tried. Their effect is sometimes excellent and sometimes *nil.* Digitalis is in some cases notably efficacious; it is indicated especially when the heart's action is frequent and weak. It is unnecessary to give this remedy in doses of from half an ounce to an ounce of the tincture, as may be done with safety; half an ounce of the infusion every two or three hours, will secure all the benefit to be obtained from it. Antimony is suited to a certain class of cases, namely, those in which the symptoms are violent, and the patient robust, and the action of the heart strong.—*Flint's Clinical Medicine.*

How to Apply the Hot Water Vaginal Douche.—In the *Chicago Medical Gazette*, Dr. E. C. Dudley says:

The following is designed to impress the importance of strict observance of detail in the application of the douche, since in no other manner will its good effects be realized: 1 It should invariably be given with the patient lying on the back, with the shoulders low, the knees drawn up and the hips elevated on a bed pan, so that the outlet of the vagina may be above every part of it. Then the

vagina will be kept continually overflowing while the douche is being given. 2 It should be given at least twice every day, morning and evening, and generally the length of each application should not be less than twenty minutes. 3 The temperature should be as high as the patient can endure without distress. It may be increased from day to day, from 100° or 105° to 115° or 120° Fahr. 4 Its use, in the majority of cases, should be continued for months, at least, and sometimes for two or three years. Perseverance is of prime importance.

The sitting posture is especially objectionable, for the reason that it favors pelvic congestion by force of gravity, while the dorsal position utilizes this force during the application of the douche.

A Satisfactory substitute for the bed pan may be made as follows: Place two chairs at the side of an ordinary bed, with space enough between them to admit the lower bucket; place a large pillow at the extreme side of the bed nearest the chairs, spread an ordinary rubber sheet over the pillow, so that one end of the sheet may fall into the bucket below, in the form of a trough. The douche may then be given with the patient's hips resting on the pillow and with one foot on each chair; the water will then find its way along the rubber trough into the bucket below.

Retention of a Pessary for Thirty Years.—Dr. A. A. Smith, (*N. Y. Clinical Society*) exhibited a glass pessary, which had been given him by a medical friend living out of New York, with the following history: In 1849—thirty years ago—it was introduced into a vagina, and had not been once removed until a short time ago. The woman recently fell down stairs, and subsequently had a bloody vaginal discharge. The physician discovered and removed the pessary, which had become well embedded in the tissues. It was incrusted with calcareous deposit, and was introduced for uterine displacement years ago—with no advice, according to the woman's statement, regarding its subsequent removal. The pessary was concavo-convex, and about three inches in diameter, with a small opening in its center. To effect its removal, a catheter was passed through this opening and traction made upon it. Dr. Smith called attention to the duty of physicians to impress upon patients the importance of the regular removal of pessaries. Dr. Peabody said he had found a pessary, thickly coated with calcareous material, in making a post-mortem examination. He mentioned an instance of the removal of a pessary, by Dr. E. K. Henshel, which had been introduced seventeen years before by the latter's father. Dr. Foster said he had cut out, from the vaginal tissues, a pessary which seemed to have been made of iron. Dr. Smith mentioned the removal of one by Dr. Sayre from the uterine cavity after its retention for ten years, and alluded to another case of prolonged retention of a pessary in the vagina, which finally gave rise to an attack of peritonitis. Dr. Weir remarked that he had removed a glass pessary eight years after its introduction, and asked whether glass pessaries were better borne than others, to which there was no reply.—*N. Y. Med. Journal.*

Microcephalus.—Dr. Jacobi (*N. Y. Medical Society*) presented a case of microcephalus in a child, aged three and a quarter years. The cranial measurement from ear to ear was twenty-five centimetres. The child was born with long hair and closed fontanelles; the use of the limbs was entirely wanting, and the extremities were in a state of constant flexion. The first tooth, which was already discolored, appeared in the lower jaw, at the eighteenth month. The division of microcephali into two classes was based on distinctive features of difference. The first class comprised those that presented ossification of the cranial sutures at an early period, the brain remaining normal. In the second class were included microcephali whose cranium and brain, especially at the upper and anterior aspect, showed deficient development. The case presented would belong to the first class.—*N. Y. Med. Journal.*

Hospital Management.—The Rochester (N. Y.) City Hospital allows its private patients to choose their medical attendants from the list of reputable physicians in the city. A member of the staff cannot be compelled to attend a patient in a private room. The theory is that if a patient wants the luxury of a private room, he is able to pay for professional services. In Baltimore, Maryland, there are at least two hospitals conducted on the Carney Hospital plan. They are the "Church Home," an institute maintained by the Protestant Episcopal Churches of the city, and St. Vincent's Hospital, under the management of Sisters of Charity. This plan is said to work excellently well in Baltimore.

There is no telling what the ignorance, boldness and complete self-possession of an impostor will do towards inspiring confidence among unthinking people; and there is no accounting for the mania with which people thirst after humbugs and deceptions. The truth is far too tame and uninteresting for many people—in order to be fascinated they must be fed on fiction.

Fracture of Ribs.—Dr. H. A. Martin, the Boston surgeon who introduced the use of the pure rubber bandage in skin affections, reports that this bandage is an admirable dressing for broken ribs.

When a death occurs in Fiji, it has to be registered; and the native scribes not unfrequently fill the blank left for "cause of death" with the words "medicine supplied by the missionaries."

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TORONTO, APRIL 1, 1880.

TREATMENT OF ELEPHANTIASIS BY ELECTRICITY.

The *Gaceta Medica* of *Bahia*, in its issue of October last, publishes a long and able article on the above subject, by Dr. Araujo, in which details are given of two cases treated by him with apparent success, by means of electric currents of induction, continued regularly over a period of twelve months. Both the patients were females, and their disease had been of long duration. A third case is detailed, which was presented in a male, but in this patient the scrotum was the part affected, instead of the leg, as in the females. Perhaps the most interesting fact stated by Dr. Araujo is, that he was led to the adoption of this treatment by electricity, on purely theoretic grounds. We here introduce a translation of Dr. Araujo's speculations on the etiology of the disease.

"Elephantiasis is, principally, a lymph-angiectasis; and the troubles under which my patient "the male" suffered, ought, to a great extent, to prove the existence of atony of the lymphatic vessels of the affected part. Histological *post-mortem* examination has shown, that in elephantiasis there is obstruction of the lymphatics and their respective lacunæ, from agglomeration of enlarged and deformed epithelial cells. This heaping of corpuscles, which here and there distend, and in every part fill the lymphatics of the region, clearly denote that a primary paralytic condition has taken place. As regards the lymph-angiectases, even the naked eye suffices to discover that such dilatations cannot exist without an atonic state of the walls of the respective lymphatics. Such being the case, is it not probable that a means which might cause contraction in the scrotal mass, say electricity, would necessarily be reflected in each arterial, venous and lymphatic capillary, and consequently call into action the torpified circulation? In this manner the obstructed lymphatic vessels should again become pervious, with the exception however, of those which had already completely lost the qualities of contractile tubes, and whose walls had suffered a degeneration which approached them from the histological constitution of the textures of the vicinity, that is to say, the lardaceous degeneration. Should electricity, however, fail to benefit the latter conditions, it certainly ought to be of service for those vessels which are simply dilated and not obstructed, in other words, for the lymph-angiectases. Starting from these premises, which I confess were merely theoretic, I resolved to employ the electric treatment on my patient."

Dr. Araujo draws special attention to the fact, that in his patients, discovery was made by a professional friend, of the presence in the parts affected, of the *filariæ Wucheriri*, in both the developed and the embryonal state, and he seems to regard the efficiency of the electric shocks on these creatures as an important element in his successful treatment. He enumerates the following facts, as deserving of consideration.

First, the coincidence in a single individual of divers morbid manifestations, which were attributed to microscopic *filariæ*, as the efficient cause. *Secondly*, the discovery, by Dr. Victorino Pareira, of embryoes, in the liquid of lymph-angiectases,—a fact hitherto not observed in Bahia. *Thirdly*, the discovery by myself, of two large *filariæ* in the liquid of the same procurement. *Fourthly*, the curative result obtained in relation to the associated chyluria, and erysipelas, and the improvement of the *craw craw* and the elephantiasis."

He asks,—"Will the flattering condition" into which the electric treatment has brought his patient, "prove persistent?"—to which he discreetly replies, "time alone can tell." For the sake of humanity, and the honor of Dr. Araujo, we sincerely hope the answer given by time will be satisfactory. He has not proceeded in his work, in a merely empirical manner, but with a rational, scientific consideration of the cases which came under his observation and treatment. Though elephantiasis is a disease almost peculiar to southern climates, it is not unknown in northern

latitudes. We have seen it in this city, and were a witness to its intractibility.

Dr. Araujo closes his article with the following frank invitation to the profession. "Now I must leave to my colleagues, the verification of these experimental attempts, contenting myself with the request that they will publish any cases in which they may have employed similar treatment, whether the result has been complete, incomplete, or negative. Only thus can we demonstrate the merits or demerits of the process."

ELECTRICITY IN MEDICAL TREATMENT.

In one of our English exchanges appears an article in which the writer seems to think that the medical profession is very much in the dark as to the value of electricity in the treatment of disease, and that, moreover, it is likely to remain so, because as the writer alleges, its application is "troublesome and tedious," and requires "patience and sacrifice of time," and "therefore the belief in its efficacy is theoretical rather than practical with the great majority of the profession." The *London Lancet* in commenting on the above statement says, "those who know anything of medical work will not need to be told that the measure of usefulness to be credited to electricity as an agent, both in diagnosis and treatment, has been most carefully estimated. It has been tested, expounded discussed, and to a certain extent exposed, in all its varieties. The medical profession has bestowed, and is still bestowing, fully as much attention on the subject as it claims. The knowledge of its uses and abuses, has been, and still is being extended; and at every hospital in the kingdom medical men have recourse to electricity in each and every one of its forms in cases which seem to require it." The writer in conclusion expresses regret that erroneous impressions of professional work should be created by such statements, and that assertions of the nature referred to are an aspersion on the work of every intelligent practitioner in the land.

We fully endorse every word that the writer has penned in reference to this subject. The therapeutic value of electricity has been thoroughly investigated, and the proper place assigned it among the category of remedial agents. A certain few with a mental capacity insufficient to grasp more than a single idea at a time, hobbyists, monomaniacs, *et hoc genus omne*, are to be found, who advocate its use in the treatment of all "the ills that flesh is heir to." Such individuals bring themselves to the belief that it is a remedy possessed of almost miraculous power, and are apt to berate the profession for what they are inclined to think is a species of skepticism on its part. The indiscriminate and unscientific use of electricity in the treatment of all manner of diseases, has done more harm than all the alleged skepticism of the medical profession as to its virtues.

On the other hand there are those who discover in it a mine of wealth untold, and mushroom electro-therapeutic institutions spring up on every corner, with their gilded sign-boards, and clap-trap devices to ensnare the unwary, and mislead the uninitiated. Such institutions are to be found in nearly all our large cities, and some of them are bolstered up, and an air of respectability given them, by their having connected with them regularly qualified medical practitioners, to the shame of the latter be it said. We trust that our medical brethren both in town and country will make such provision for the electro-therapeutic treatment of their patients where they deem it suitable, as will prevent them finding their way to such institutions. Any institution that claims to cure all manner of diseases by means of electricity no matter by whom it is managed, or how respectable it may appear, is nothing short of a swindle upon the public and a disgrace to civilization.

REPORT OF THE REGISTRAR-GENERAL OF ONTARIO.

This report, containing the vital statistics of the Province for the year 1878 was presented to the House at the close of the session just ended. During the year, 40,236 births, 12,729 marriages and 17,808 deaths were registered. The returns of births and marriages show an improvement in the number registered; and the marriages now compare favourably with those in other countries where the registration is fairly accurate. The birth-rate (25 per 1000 living) however, is still a third below what it should be. There is no improvement whatever as regards the mortality returns,

the deaths being 2,245 less than the number registered in 1877. The death-rate therefore is only 11 per 1,000 of the population, and if we assume, as stated in the report that "probably in no country is the death-rate less than 18 per 1000" we shall find that there were at the lowest calculation at least *eleven thousand* deaths in the year, of which no record was kept. This is deplorable. When we reviewed the last report we had to congratulate ourselves on an increase in accuracy of the returns, and we hoped that the improvement would continue. Unfortunately this has not been the case, and we are now forced to the conclusion that the whole system of registration needs thorough revision. The act, as now enforced has, with but slight alterations, been in force for 10 years; and it is evident that there must be something radically wrong, when the data are so imperfect. The laxity with which the regulations are enforced, may perhaps be accounted for from the fact, that the registration fees are supposed to be paid annually by the various municipalities to the Division Registrars; but in many cases the law in this respect is practically a dead letter, and therefore there is no inducement for the Registrars to endeavour to obtain correct returns. Another feature is, that the penalty for not fulfilling the law is very seldom inflicted.

It is to be regretted that so much time and labour should have been spent over such inaccurate data. There is a decided improvement in the method of treating the returns; but it would have been no loss whatever, either to the country or to science if the whole of the last 136 pages had been omitted from the report. The deductions must necessarily be erroneous, even if the returns, such as they are, contained reliable information regarding the deaths which were registered; but as long as there is no recognized plan in obtaining information regarding the cause of death, no other result is to be expected.

Page 37 gives the nationalities of decedents over sixty years of age; but the returns are useless unless we have the proportion to population. Table G. shows the number of deaths and percentage of the whole, from phthisis, in each county; but no information of value can be obtained unless the proportion to population is given. Then we should have some idea, (if the returns were accurate) of the effect of locality on this disease. It is not fair to treat any one place as having the highest or lowest death-rate from any special disease, until we feel assured that all the cases, or, at any rate, nearly all, are registered. For the same reason it is useless to attempt to show the relative longevity of persons according to occupation.

In view of the action of the Dominion Government last session in passing an act, providing for the collection of vital statistics, it may be well to consider the matter thoroughly, and to get the ideas of the profession generally as to the method whereby the best results may be attained. What is undoubtedly desired is, a correct record of the vital statistics according to some well arranged plan. With regard to the deaths, some uniform system of nosology will have to be adopted, and as far as we can see, none better than that employed in England has been found. Some excellent remarks on this point will be found in the London *Lancet* for Feb. 14th, 1880. The idea there expressed, that the medical practitioner should receive a fee for each return he makes is not a new one; but it is shown that the professional diagnosis, "if it is worth anything must be carefully formed, and expert judgment—based on special knowledge often outside the mere treatment of disease"—and as such worth paying for.

We shall be glad to hear the views of the profession on the whole subject, as it is evident that the public will not permit the present system, which has cost the country during the last ten years about 150,000 dollars, to continue.

JAMES BOVELL, M.D.

This well-known Canadian physician died on the 16th of January, in the island of Nevis, West Indies, where he had been residing for several years. He was born in 1817, in Barbadoes, in which island his family had long been resident. When in his 17th year he went to England and entered his name as a student at Cambridge, but shortly after was taken ill, and, on recovery, began the study of medicine at Guy's Hospital, where he enjoyed the friendship of the Coopers, of Bright, and of Addison. Through life he remained a Guy's man, and was never weary of talking of his old teachers, among whom Bright and Addison appear to have been his ideals. After taking the license of the

College of Physicians, he proceeded to Edinburgh, and studied morbid anatomy for several months under Dr. Craigie. From thence he went to Glasgow, and worked at the Pathology of Fever with Dr. Buchanan, taking his degree at the University in 1838. Attracted by the fame of Stokes and Graves, and having friends and relatives in Dublin, he proceeded to that city, and for several years studied under those great masters. While there, he formed a lasting friendship with the late Dr. R. L. Macdonnell, of Montreal. During the latter part of his stay in Ireland he had typhus fever, and on recovering determined to return to Barbadoes, though strongly dissuaded from this step by his Dublin friends. There can be no doubt that in this he made a great mistake. Intimate with both Stokes and Graves, possessed of ample means, and with intense enthusiasm for his profession, the way to success was clear. He entered into practice at Bridgetown, Barbadoes, and rapidly gained the public confidence. About 1848, and subsequently, a considerable number of West Indians came to Canada, and among them was the subject of the present notice. He settled in this city, and at once took a prominent position in the profession. In 1850 he took part with Drs. Hodder, Bethune, and Melville, in the establishment of the Medical Faculty of Trinity College, in which he held the positions of Professor of the Institutes of Medicine, and Dean of the Faculty, during its short, but successful career, of four years. In addition to the positions already mentioned, he was physician to the General and Burnside Lying-in Hospitals, and gave clinical instruction in both institutions. He also subsequently held the chair of Natural Theology in the University of Trinity College. In conjunction with the above named gentlemen, and Drs King and O'Brien, he assisted in the publication of the *Upper Canada Medical Journal*, 1851, the first issued in this Province. After the disruption of the Medical Faculty of Trinity College, he joined the Toronto School of Medicine, and continued to lecture on Physiology and Pathology until 1870, when he returned to the West Indies, to the island of Nevis, where he had an estate. Shortly after, he was ordained a clergyman of the Church of England, and took charge of a parish on the island, where, with the exception of two visits to Toronto, he remained until his death.

His contributions to medical scientific literature were numerous, and are to be found in the *British American Medical Journal*, the *Upper Canada Medical Journal*, and the *Canadian Journal*. Among the most important are the series of papers on the "Barbadoes Leg.," *Brit. Am. Med. Journal*, 1849; "On the Transfusion of Milk in Cholera," *Canadian Journal*, 1854, and papers on the "Anatomy of the Bear," and of the "Medicinal Leech," in the same Journal. His published works are chiefly of a theological and devotional character: "Outlines of Natural Theology," and "Passing Thoughts on Man's Relation to God," both of which were very favourably received; also, "The Advent," and "A Manual for the Holy Communion."

A consideration of the life and character of Dr. Bovell presents certain difficulties, for in many particulars he was an exceptional man, and cannot be judged by ordinary standards. Prominent among his characteristics was a moral nature of unusual delicacy and fineness; vice naturally avoided him, virtue was drawn towards him, and the good side of a man instinctively showed itself in his presence. This, with a frank, kindly disposition, made him exceedingly loveable to his friends and deeply respected in the community. Mentally he had been richly endowed, a strong memory—except in matters of professional business—keen perceptive faculties, a quick wit, and considerable fluency of expression. But with all there was something lacking, and it is this which makes the retrospect of his life in some respects a sad one. There was a want of that dogged persistency of purpose without which a great work can scarcely be accomplished. The contrast between actualities and possibilities in his case was painful; and the work done—though excellent—seemed almost feeble compared with what might have been achieved. Much of this arose from attempting too many things. It may be well for a physician to have pursuits outside his own profession, but it is dangerous to let them become too absorbing. To Dr. Bovell the fields of science, philosophy, and theology were especially attractive, and were cultivated equally with the field of medicine, in which it was his chief duty to work. With equal readiness and knowledge he would discuss the Origin of Species, the theories of Kant, Hamilton, and Comte, or the doctrine of the Real Presence, and what he said was well worthy of attention, for his powers of criticism and analysis were good.

But this versatility was an element of weakness, as he himself knew. His reputation depended chiefly upon his professional skill as a physician, and this was proportionate to his talents and advantages. The training which he had received under Bright, Addison, Stokes, and Graves made him at once a valuable addition to the medical men of any community, and in Barbadoes and Toronto he quickly commanded a consultation practice. But here a circumstance must be mentioned which was adverse to material success. As a young man he was possessed of fair means, and never felt the "frosty but kindly" influence of *res angusta domi*, which, repressive and injurious in certain cases, has, on the whole, a beneficial effect, particularly in the formation of business habits. These, and the scientific habit of mind, are rarely found conjoined, and in many respects Dr. Bovell was a typical example of a class. The exacting details of practice were irksome to him, and too often appointments were neglected and patients forgotten in the absorbing pursuit of a microscopic research, or the seductive pages of Hamilton or Spencer. There are numerous stories related of his absent-mindedness, some of them true, but many more apocryphal. As a physician his power of diagnosis was especially good, more particularly in diseases of the heart and lungs, and such was the confidence the profession and the public placed in him, that, had he been alive to his own interest, he might have made a large fortune. As a professor his personal character made him a great favourite with the students, but he was a brilliant lecturer rather than a good teacher; his own intuitive grasp of ideas was so rapid and clear that he failed to make allowance for the slower perceptions of less gifted minds. To his professional brethren he pursued a course of unwavering kindness, living on terms of good fellowship with every medical man in the city.

After taking Orders he devoted himself almost exclusively to ministerial work, though, during his visits to Toronto, his old patients sought him out in numbers.

For many years he suffered from an ulceration of the back, which had latterly grown much worse. On the 9th of December he had a paralytic stroke, and, ten days later, a second, which he survived a few weeks only. The influence for good which a life like that of Dr. Bovell exercises in the profession, and in society at large, is, in many ways, incalculable. Enthusiasm, high moral principle, and devotion at a shrine other than that of material prosperity, are not the qualities that build a princely fortune, but they tell, not only on a man's own generation, but upon the minds and hearts of those who are growing up around him, so that his own high purpose and unselfish life find living echoes when he himself has long passed away.

BLOOD CORPUSCLES SEEN IN THE LIVING BODY.

After a series of investigations Prof. Hueter finds that it is possible by the aid of a suitably arranged microscope, to examine the blood-vessels of the mucous membrane of the inner surface of the lower lip, so as to be able to see the blood corpuscles passing through them and to observe the course and changes in the circulation. The instrument he employs consists of an arrangement for fixing the head similar to that used by photographers, and a microscope which magnifies about forty-two times. The apparatus was prepared for him by Weinberg of Griefswald. The lip is fixed by a mechanism like a pair of forceps, attached to each angle of the mouth. Good, clear daylight or a gas jet with condensing lens is sufficient to illuminate the parts. Prof. Hueter says it is difficult at first to observe the blood stream, and advises that for first observations, scrofulous children, twelve to eighteen years of age, with disease of the bones or joints with suppuration, should be selected. In such cases the thinness of the mucous membrane, and the increased number of white corpuscles facilitate the examination. The red corpuscles are seen as fine points, and the white, as small white spots in the red stream.

Prof. Hueter is of the opinion that imporant physiological and pathological truths, as to the disorders of circulation in fever, poisoning etc., may be elicited by this method of investigation. By compression of the lips with forceps, venous congestion may be produced and the attending phenomena observed; the application of ice to the mucous membrane of the lip is followed by a stoppage of the current, owing to contraction of the capillaries, but after a few minutes it is restored again. Blood-stasis may also be produced by chemical irritants, and Hueter recommends glycerine, as more powerful irritants such as ammonia,

chloroform, or carbolic acid are attended with clouding of the epithelial cells. If the lip be dried and a drop of glycerine applied, the red corpuscles are seen to become slightly packed together, and irregularity of the current follows, which however, soon passes away. This method of investigation is known by the euphonious name of "Cheiloangioscopy."

Medical Elections.—As the time for the election of representatives in the Ontario Medical Council approaches, the candidates and their friends are bestirring themselves, and every day brings new men into the field, and arouses the old members into greater activity. Dr. Edwards, the former well-known and popular representative of the Western and St. Clair Division, and who now resides in London, is out in opposition to Dr. Hyde for the representation of the Malahide and Tecumseth Division, and is making a vigorous push.

Dr. Alexander R. Stephens, of Collingwood, has also been requested to offer himself as a candidate for the representation of Saugeen and Brock Division. The only other candidate for this division, so far as we have heard, is Dr. Yeomans, of Mount Forest, whose name we mentioned some time ago.

For the Midland and York Division, Dr. Ross, the former representative, at the request of a number of his friends, has consented to stand again. In a letter received too late for insertion under correspondence, he says: "while serving in the interest of the profession of this division as a part, I have always endeavoured to further the interests of the whole profession of Ontario in accordance with the provisions of the Ontario Medical Act. I had intended at the expiration of the present term to have retired, but upon more mature consideration and in compliance with the wishes of many of my professional brethren, I have been induced to again offer myself as a candidate for re-election, and humbly ask you through your journal to intimate the same to the medical profession of Midland and York, trusting that, if my conduct in the past has been such as to meet their approval, they will vote for me at the ensuing election. Dr. Ross will have as an opponent Dr. J. H. Burns, of this city, and, in all probability, there will be a close contest between them, as Dr. Burns is a graduate of Toronto University and very popular among his fellow graduates. He is in favor of increasing the number of Territorial representatives and shortening the term of election from five to *three* years; the appointment, as far as possible, of the examiners from outside the Council, and of so conducting its affairs as not to allow it to be run for the benefit, and in the interest of a few of its members, but for the general good of the profession—principles which we fully endorse.

Medical Library Association.—Through the kindness of Dr. S. H. Taylor, we have received a draft copy of a bill prepared by the medical profession in St. John, N. B., and vicinity, to be submitted to the Legislature, for an Act of Incorporation for the purpose of procuring and maintaining a "Medical Library" in the city of St. John. The affairs of the "Medical Library Association" are to be administered by a council of nine members to be elected annually, and a secretary and treasurer. Every legally qualified medical practitioner in St. John, or within a radius of ten miles of the city, will be required to pay an annual fee of $10 to the treasurer of the Association, and no practitioner shall be allowed to hold any public medical or surgical appointment or to give evidence as a medical or surgical "expert" before any Court, or to collect his fees by law, unless he has paid his fees as above stated. It is also proposed that all those who commence practice for the first time in this district, after the expiration of five years from the passing of this act, shall pay an admission fee of $15 in addition to the annual fee.

This is a very good move, and one that deserves every encouragement so far as its scientific aspects are concerned, but we fear there will be found a difficulty in passing, or if passed, in enforcing that portion which relates to the exclusion of defaulting members from holding medical or surgical appointments, giving evidence in Court, or collecting their fees by law.

A "Headless Man."—While the people in this, and neighboring cities in Canada have had their sensation in the shape of a "headless rooster,? the people of Peru, S.A., have had theirs in the shape of a "headless man;" at least, so says the *Sunday Chronicle* of San Francisco, a copy of which a friend has been kind enough to send us. The story, which seems in all respects incredible, is as follows:—A murderer named Francisco Hansa

was sentenced to be executed, whereupon application was made to President Prado to have the person of Hansa delivered over to Dr. Deranogozo, formerly professor of anatomy in the University of Lima, who has been engaged for years in the study of nerve centres, to be by him used as he saw fit. The application was granted, and Dr. Deranogozo became the custodian of Hansa. He proceeded, under anæsthesia, to remove the brain—portion after portion—from time to time, watching the effect of each successive change until he had removed the whole cerebrum, and rendered him "brainless;" yet he lived. The temperature now fell below the normal; his hearing, sight, taste and feeling were lost, or at all events he appeared to have no idea of the impression caused; when placed on his feet, he could walk forwards, but was just as liable to fall backwards. The following appropriate sequel is given to the Peruvian scientist's absurd story, viz., "that this man without brains is just as great a mystery as he was with brains."

THE NIGHT MEDICAL SERVICE.—The night medical service system which has been found to work so well in Paris, Berlin, St. Petersburgh and other places, is now being agitated in New York. The object of the system is to supply medical service to strangers, or people in poor circumstances who may be taken suddenly ill. A list of respectable physicians willing to undertake the work is kept at the police stations, and in case of emergency the police officer on duty summonses a medical man, and sees that he is paid for his services, either by the patient himself, or the department. This arrangement prevents delay, and secures the assistance of first class men, who are promptly paid for their services.

COMMISSIONERS UNDER THE LICENSE ACT.—The following gentlemen have been appointed Inspectors of License in their respective districts:—Dr. J. S. Sprague, Hastings, N.R.; Dr. L. Harvey, Lambton, E R.; Dr. W. McGill, Ontario, S.R.; Dr. W. H. Blackstock, Simcoe, E.R.; Dr. James Ferguson, Russell; Dr. W. W. Ogden, Toronto, and Dr. A. Robillard, Ottawa.

RAPID CITY "ENTERPRISE."—We have been favored with a copy of the above named interesting and valuable paper, edited by Messrs. Pim and J. Carruthers. Rapid City is situated on the Little Saskatchewan River 150 miles west of Winnipeg, in the midst of the most fertile district in the North West. Both Mr. Pim and Carruthers are experienced printers, and the publication of so respectable a paper in this comparatively new country is highly creditable to these gentlemen, and is evidence of the rapid progress which is being made in the Prairie Province of the Dominion.

THE INDEX MEDICUS.—This valuable publication has entered upon the second year of its publication under some difficulties. It has not received that support from the profession that its merits demand. It contains a monthly classified record of the original articles that appear in all the Medical Journals, also new books, etc., and the current medical literature of the world, and is therefore of the greatest possible value to studious members of the profession. It is published by F. Leypoldt, 15 Park Row, New York. Price $6 per annum.

RUPTURE AND INVERSION OF THE UTERUS:—A case of this nature recently occurred in the practice of Dr. H. B. Evans of Kingston Ont. and was the occasion of a good deal of unpleasant publicity. Owing to the suddennes of the woman's death, and the belief entertained by the husband, that his wife had been improperly treated, an inquest was ordered to be held. The *post mortem* examination was made by Dr. Sullivan, assisted by Drs. Lavell and Saunders, who stated in their evidence that in their opinion the death of the woman "was due to inversion, laceration and removal of the womb." The following extracts are from the report of the *post mortem* examination.—"The body was that of a well formed woman, about 35 years of age. A large dark colored mass protruded from the vagina about four inches, around the upper portion of which a ligature was tied tightly. It proved to be the greater part of the uterus; it had been inverted. One half had been torn across, and the other and thicker portion cut with a sharp instrument. The fundus was entirely removed."

From Dr. Evans' statement of the case and the evidence of others, it would appear that it was a case of rupture of the uterus occuring in labor; that during or after the delivery of the child, inversion of the uterus took place, and, that the medical attendant resorted to excision, instead of replacement. The child, her ninth, was still-born.

The Jury brought in the following verdict.—"The late Mrs. David came to her death through unnatural causes in childbirth, hastened through a mistake made by Dr. Evans in his treatment of the case."

We do not allude to this case with a view to criticise the treatment adopted by the medical attendant, for it would indeed be a difficult matter to say what would be the best line of treatment to pursue in so grave a situation, but to give expression to our very great surprise that he should have allowed himself to be without counsel in so serious a case. We hold that no medical man, however experienced he may be, should assume the entire responsibility of the management of a case in which the termination was so certain to be disastrous, and we think Dr. Evans has himself greatly to blame for the unpleasant publicity which this unfortunate case has given rise to.

Personal.—Dr. G. S. Ryerson, L.R.C.P. & S. Ed. late assistant and acting house surgeon, Royal Ophthalmic Hospital, Moorfields, London, and Central Throat and Ear Hospital, has commenced the special practice of the eye, ear and throat, in Toronto, (317 Church-street). He has been abroad for four years, and brings with him the highest recommendations from eminent specialists in England and the Continent.

Dr. L. N. Sharp, formerly of Norton Station, has commenced practice in Woodstock, N.B.

Examiners in Medicine, Toronto University.—The following gentlemen have been appointed examiners in medicine in Toronto University for the ensuing year: Dr. W. Osler, Physiology and Comparative Anatomy; Dr. E. C. Malloch, (Ottawa), Surgery and Anatomy; Dr. J. Workman, Medicine and Therapeutics; Dr. D. Clarke, Midwifery and Medical Jurisprudence; Prof. W. H. Pike, M.A., Chemistry; Prof. H. N. Martin, (Baltimore), Natural History.

Professional Examinations.—The medical examinations to be held in Toronto for degrees and license to practice will this year commence as follows:—University of Toronto, April 14; Medical Council, primary April 6th; ffnal April 28; University of Trinity College, about May 10.

Medical Education for Women.—The management of the Royal College of Physicians and Surgeons at Kingston propose to hold a summer session for female students of medicine, commencing in April. It is said that already twenty ladies have signified their intention to take the course.

Dr. Allen, Police Magistrate, of Cornwall, Ont., has been suspended from his position by order of the Attorney General, in consequence of the developments in the criminal charge preferred against him by a young woman residing in that town.

Double Qualification.—J. G. Hyde, M.D., of Stratford, Ont., has successfully passed the professional examination of the Royal Colleges of Physicians and Surgeons, Edinburgh, and obtained the double qualification, L.R.C.P. and L.R.C.S., Edin.

Retirement of Dr. Farr.—Dr. Farr has received a retiring allowance of £800 from the British Government, an amount equal to his former salary.

The death of Mr. Lockhart Clarke, F.R.S., Physician to the Hospital for epilepsy and paralysis is announced in our British exchanges.

Coroners.—The following gentlemen have been appointed associate Coroners for their respective districts: W. McClure, M.D., of Cumminsville, for the Co. of Halton; P. McDonald M.D. of Wingham for the Co. of Huron; and J. W. Wood M.D. of Victoria Road for the Co. of Victoria.

Reports of Societies.

Bathurst and Rideau Medical Association.

The semi-annual meeting of the Bathurst and Rideau medical society was held in Ottawa, on the 1st ult. Dr. Grant, President in the chair. There were present, Drs. Whiteford, Carmichael, McDougall, Malloch, Higgins, Lynn, Bentley, Sweetland, Horsey, Hill, Wright, Rogers, McRae, Powell, Shaw, Sproule, M.P., Munroe, of Lanark; Kellock, of Perth; Baird, of Pakenham; and Cranston, of Arnprior.

After the reading of the minutes, the resignation of the secretary, Dr. Lynn, who is removing to British Columbia, to settle in practice on account of impaired health, was accepted, and a high com-

pliment paid to that gentleman for his long and faithful services.

THE PRESIDENT'S ADDRESS.

The President, Dr. Grant, from press of time had not written an annual address, but made a few observations on "The Brain from an Educational Point of View." This subject he said was attracting the attention of many of the leading scientists of Great Britain and America. There are those who still maintain superiority of physical over mental culture; however, the tendency to a purely physical training is rather on the decline, and the degree of admiration once bestowed on men of great strength is not valued so highly as it was formerly. Mental and physical culture must go hand in hand. The one was necessary for the thorough and practical developmen of the other. The greatest evidences of physical culture and intellectual development, never deranging the balance or impairing the symmetry of the whole, were probably more keenly appreciated and exhibited in ancient Greece and Rome than any other portion of the known world. Now-a-days the educational idea has undergone a considerable change, and the strain after knowledge, in the shape of a skeleton of distinction, it is to be hoped will become a matter of the past. The ventilation now being given to this subject is exposing very justly "the intemperance in study,"—the expressive term of Dr. Tuke of Edinburgh, in his able paper, to the British Medical Association. Education in childhood is a subject of vital importance. Children's brains are often taxed long before they have either learned how to walk or how to play. Play is looked upon rather as a reward than as a source of encouragement to study. Thus we have conflicting interests between physical growth and mental food. The building of a brain is to-day a great social problem, and those in charge of our educational institutions will require to observe closely its solution. How many girls and boys of the present day could undergo such a tax as was placed on the system of John Stuart Mill, from three to sixteen. It is unphysiological, and attended with great danger, to promote hot house mental culture, by excessive application to books, before the very tissue of the brain is strong enough to carry along successfully, impressions made upon it. Who would think of coaxing a baby to stand, before the bones of its legs were strong enough to support its body, or who would expect a young colt to draw the load of an ordinary team of dray horses? If we examine into the history of either the past or the present, what is the evidence to be adduced? The men to day who wield the destiny of this Dominion are largely self-made men, whose brains in early life did not cripple physical development, and whose nerve fibre to day possesses the result of practical education, applied in the normal or natural way. Sir Walter Scott, when attending the University of Edinburgh, was called the great block head, and yet the world has recognized the gradual development in him of latent intellectual power. His field sports contributed largely to his success. Again, it is well known that Wellington, the hero of a hundred battles when once looking at the boys engaged in their sports at Eton, where he spent his boyish days, remarked that "it was there the battle of Waterloo was won." He then adverted to the question of summer holidays in public schools, recently brought before the Ontario Government. The point argued was that three, instead of six weeks, were quite sufficient as a holiday. However, it was very properly left to the discretion of the various educational boards which he hoped would consider it from a sanitary point of view, and extend the full six weeks as a summer vacation. Medical men in the various districts would no doubt have opportunities of examining closely into this whole subject of such vital importance, inasmuch as the proper estimation of it was intimately connected with the welfare and prosperity of our common country.

Drs. Hill and Sweetland fully endorsed the remarks of the President, and stated that in their opinion, the course of study in the common and grammar schools was too oppressive for the proper education of children, many of whom were too young to attend.

Dr. Kellock of Perth read a very interesting paper, giving an account of a visit to the Hospitals in New York, for which he received the thanks of the Association.

Drs. Cranston, Powell and Malloch were requested to prepare papers for the next meeting to be held at Carleton Place, after which the meeting adjourned.

NEWCASTLE AND TRENT MEDICAL ASSOCIATION.

The fourth regular meeting of this association was held in Port Hope, on the 4th of February, Dr. Herriman, President, in the chair. Present, Drs. Hamilton, Waters, Wright, Burritt, Riddall, Halliday, Clemasha, Powers, Corbett, Griggs, and Oliver. After reading the minutes, the Treasurer's report was received, showing the receipts and expenditures for the year and on motion was adopted.

The following officers were then elected for the the ensuing year: Dr. Herriman, President; Drs. Waters, Willoughby, and Ruttan, Vice-Presidents; Dr. Halliday, Secretary-Treasurer; and Drs. Burnet, Douglas, and Bell, Local Secretaries for their respective districts. The following papers were on the programme for discussion:

Paper on Gunshot Wounds, by Dr. McDonald, Brighton. Case in Medical Jurisprudence, by Dr. Herriman, Port Hope. Paper on Jaundice, by Dr. Hamilton, Port Hope. Subject for general discussion: Treatment of Phthisis. Dr. Hamilton, presented two cases to the society, one an unusual form of Hysteria and the other, Stricture of the Œsophagus. In the latter case, Dr. H. passed the bougie with considerable difficulty, showing the constriction.

The rest of the session was taken up with the draft of the tariff of fees to be submitted to the Ontario Medical Council for ratification. The next meeting will be held at Brighton on the first Wednesday in June.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.—At a meeting of the Ottawa Medico-Chirurgical Society held Jan. 9th, 1880, the following gentlemen were elected for the ensuing year: *President*, Dr. Carmichael; *1st. Vice-President*, Dr. Prevost; *2nd. Vice-President*, Dr. Malloch; *Secretary-Treasnrer*, Dr. Powell. The meetings of the Society are held regularly twice a month.

Books and Pamphlets.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M.D., F.R.S. With numerous additions and illustrations by Henry Hartshorne, A.M., M.D. In three volumes. Vol. II. Diseases of the Respiratory and Circulatory Systems. 8vo. Philadelphia: H. C. Lea. Montreal: Dawson Bros.

This is the second volume of this admirable work, the first volume of which we noticed in our last number. The present vol. bears out the statements made regarding its high character and usefulness as a guide to the practice of medicine. It is sold by subscription only, price $15 for the three volumes. The third volume will shortly appear.

THE THEORY AND PRACTICE OF MEDICINE. By F. J. Roberts, M.D., F.R.C.P, Prof. of Materia Medica at University College, London. Illustrated. Third American from the fourth London edition. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

This excellent work on the practice of medicine is already well and favourably known to the profession in Canada. It is very concise, yet comprehensive, and will meet in a most practical manner the every-day wants of the busy practitioner. The illustrations, though not very numerous, are well executed, and enhance very much the value of the book. The work has undergone thorough revision, and the information it contains is brought up to the present date. The chapters on the Absorbent and Nervous systems, have received special attention, and important additional matter has here been introduced. The book is dedicated to Sir Wm. Jenner in token of esteem and regard. We can confidently recommend the work as one well suited to the requirements of students and medical practitioners.

HEAD-ACHES, THEIR NATURE, CAUSE AND TREATMENT. By W. H. Day, M.D., M.R.C.P., Physician to the Samaritan Hospital, London, England. Third edition with illustrations. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

This is a most useful and practical little work. It deals with all possible varieties of headache and their appropriate treatment, viz: anemic, hyperemic, sympathetic, congestive, nervous, neuralgic, rheumatic, toxemic, headaches in childhood and early life, etc., etc. The views advanced in this work are the result of careful study and observation extending over a period of many years, and are on that account all the more valuable. We cordially recommend the work to our readers.

—THE obituary notice of the late Dr. Bovell was written for the CANADA LANCET by one of his intimate friends, and copies were also sent to other Journals.

Deaths.

On the 10th ult., John Roy Philip, M.D., M.R.C.S. Eng., of Galt, in the 51st year of his age.

On the 11th ult., Robert S. Campbell, M.D., of Dartmouth, N.S., in the 50th year of his age.

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CODE OF MEDICAL ETHICS.*

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of physicians to their patients.*

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

* This is the Code of Ethics of the American Medical Association, and has been sanctioned and adopted by the Canada Medical Association.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of patients to their physicians.*

§ 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in

all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical advisers unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgement can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates, the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practise from some medical board of known and acknowledged respectability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2.—In consultations, no rivalship or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver

their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing*, and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as an umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2.—A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances no unjust or illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant and with the consent of the patient, to surrender the case.

[The expression, "patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant].

§ 8. A physician, when visiting a sick person in the country may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future directions unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between physicians.*

§ 1. Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur,

and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court-medical.*

§ 2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of pecuniary acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, etc.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied be-

neficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumption of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

IRIDEREMIA, OR TOTAL ABSENCE OF THE IRIS.

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Irideremia, or total absence of the iris is a rare and interesting condition. The iris in the majority of these cases is completely absent; in exceptional ones a narrow ring of rudimentary tissue or a few irregular shreds represent the normal iris. As this condition, according to Von Ammon, appears about the fourth month of intra-uterine life, it is possible to estimate the period of arrest of development. Irideremia is often hereditary in the male sex, and it sometimes is transmitted directly from mother to daughter. Foachon[1] has observed 14 cases, in 28 of which it was transmitted, so that its heredity is very decided. It is generally associated with defective development of the eye in other respects; as small and pallid optic nerves, deficient choroidal pigment, imperfect ciliary muscles, subluxation of the lens and congenital cataract or general arrest of development of the eye constituting microphthalmos. In one of the cases observed by me the child itself was stunted. The eyes are generally hypermetropic; antero-posterior diameter being too short. Associated with the defective vision is the constant twitching of the eyes known as nystagmus, due to the constant effort to fix objects.

1 Gaz. Med. de Strasbourg, 1841, p. 230, quoted by Galezowski.

The appearance of the eyes is very peculiar. They have a bluish look not unlike those of a newborn puppy. The vision is very defective especially in broad daylight, from the great quantity of light which is admitted to the eye. Sometimes, however, the vision is very good, especially when aided by a perforated diaphragm (stenopic spectacles.)

Von Walther first endeavored to explain the condition by applying the theory of segmentation to individual organs, and likened it to hare-lip and spina bifida. When, however, the incorrectness of this physiological theory was proved, the application of course failed in its point.

J. Müller has lately proved the statement of Malpighi to be correct, that in various animals there is up to a certain period a definite cleft in the iris.

Fichte believed that the iris did not develope itself equally in all segments, but that some devevolped more slowly than others.

Arnold holds on the contrary that it is an entirely abnormal condition, due to defective development of the vascular system from which, he believes the iris is originally built.

This fact is certain, that at no time during the development of the eye does a gap exist in the iris or choroid. The cleft in the choroid is always pathological, the result of an abnormal state of the retina division, (augenspalte) and the cause of coloboma or irideremia.

Case I, "Tiny," aged about eight years, came to the Royal London Ophthalmic Hospital, Moorfields, after hours, when I was acting house surgeon in 1877. His sight was very defective, so that he had never been able to read, but he could make a few large strokes on the blackboard. He was highly hypermetropic, but owing to the oscillation of the eyeballs, I was unable to estimate the amount. The cornea have a bluish look, like those of a young puppy. The irides are completely absent. With the ophthalmoscope I can catch a flying view of the optic disc, which appears whiter than normal. The choroid seems healthy though deficient in pigment. He was very diminutive in stature. He had been sent out to Canada by Miss Macpherson, but owing to defective sight was sent back to England. It is said that his father, a half-witted cab-washer, had the same affection, but I was unable to find him to verify the fact.

Case II. Chas. Letts, aged 8½ months, came to the same hospital at a subsequent period. His condition closely resembles that of the first case. The irides are completely wanting. There is nystagmus, but he can distinguish light well. Being so young it is impossible to test vision. No other member of the family has this defect nor any other deformity.

I find the following cases recorded: Mr. White Cooper[2] reports three cases in a family of four. Boy æt. 12 has only "an irregular strip of iris"; microphthalmos; sees very imperfectly. Girl æt. 9 years, similar condition to brother's; has a "few shreds of iris;" microphthalmos. Girl æt. 7 years, "irregular grey strip of iris"; eyes still smaller than others. Boy æt. 1 year and four months; well developed; sight perfectly good. Neither of the parents had any defect of vision.

Mr. Dixon,[3] —Woman æt. 36; had a trace of iris in left eye; opacity of lens and cornea. Strange to say she had a useful amount of sight.

Mr. Geo. Lawson,[4] —Boy æt. 13; youngest of six children, strong and healthy. After reading sight becomes dim; cannot converge simultaneously; total absence of iris; optic nerve small and white.

Dr. Paul Schröter,[5] —Woman æt. 42; irideremia; myopia; nystagmus; eyes very small. Her daughter a girl of 7, has same deformity; sight very bad; nystagmus.

Mr. Soelberg Wells,[6] —Iris totally wanting in father. Son, an infant a few months old, has same condition.

Dr. Manz, of Freiburg,[7] —Boy æt. 6; total absence of iris; cataract and cyclitis; father had same conditions.

I will now add to these four cases of *artificial irideremia*. The first was a case I saw in 1876, in Galezowski's clinique, in Paris. Galezowski performed an iridectomy for irido-cyclitis. On gentle traction to withdraw the iris, the whole organ became detached and came away. The patient made a good recovery.

The second was a similar case, in the practice of Mr. Geo. Lawson, at the Moorfields Ophthalmic Hospital. This man also made a good recovery.

Dr. Chisholm,[8] of Baltimore, U.S., reports a third. The iris was pulled out by an opponent in a fight. The finger nail had perforated the cornea.

The fourth case is reported by Mr. Soelberg Wells.[9] It occurred in Graefe's clinic in 1859. Patient was a blacksmith who had been injured by a piece of iron flying up into the eye. He had prolapse of the iris, which it was desirable to remove. On seizing it, it became detached from the opposite margin. Graefe then removed the whole iris. It was followed by no reaction, little bleeding, and the patient enjoyed excellent sight.

2 R. L. O. II. Rep. Vol. I. p. 110. 3 R. L. O. H. Reps., Jan., Feb., Mar. 1875. 4 Same, vol. III., 272. 5, Monats, Bl. f. Augenla. Marz-Mai, 1866. 6 Treatise on Diseases of the Eye, London, 1873. 7 Zebend. Clin. Monat. XIII., Jan., Feb., Marz., 1875. 8 Lancet, June 15th, 1872, quoted by Wells.

Correspondence.

THE MEDICAL COUNCIL AND THE COMING ELECTIONS.

To the Editor of the CANADA LANCET.

SIR,—Can anything be more humiliating to us as a profession, than the knowledge that the very existence of so excellent an institution as our Medical Council is imperilled—that into so bad odour has the Council unfortunately been brought, under the leadership of a few headstrong, irresponsible men, that only a prompt and complete reversal of a policy at once illiberal, harsh and wrong, can restore to it the confidence of the profession and the public?

So far as the mere conduct of the examinations this year, is concerned, there is nothing to find fault with. It is pleasing to be able to say so, in view of the history of past examinations, but it would have been strange indeed, with a large hall belonging to the Council, to hold them in, and a years' time to get it ready, had it been otherwise. Yet never before in the Council's history, has there been so much confusion, uncertainty, and general bewilderment amongst the candidates. The Council itself fixed the precise date for beginning the examinations last year, and had this been adhered to, as it should have been, a world of discreditable trouble would have been saved. What although any other examining body did, by mistake, select the time for their examinations, already selected by the Council? That body, whichever it might be, before which only a few of the candidates would appear, would at once, and gladly have chosen another time, so soon as the clashing was discovered—for all our examining bodies are aware

9 R. L. O. II. Reps., vol. II., p. 199.

that the Council's examination, to which every student must go, takes precedence of all others. As it was, nothing but confusion reigned as to the *date* at which the several examinations were to begin. One date was fixed upon now, and now another, and no one knew whether there was any certainty of any date being positively adhered to. Then as to the details of the several examinations, students applying to different members of the Executive Committee for information, received a different answer from each, so that dissatisfaction inexpressibly great, was felt by even the best and most easily pleased students.

While these facts shew ample grounds for complaint on the part of the students, there were others not less galling to them, as well as to members of the profession outside the Council, who were aware of the existing state of things. I allude to the indisputable fact that, under a blind leadership, the Council has laid down many regulations of a most arbitrary and vexatious character, one at least of which, brings a blush to the cheek of any respectable medical man who reads it. As samples of these regulations, see page 11 of the printed rules of the Council for 1879-80:

"Any candidate who shall, after June, 1878, fail in any branch (of the 7) of his matriculation examination shall be held to have failed altogether, and be rejected."

This failure-in-one, failure-in-all rule, involves a forfeiture of the entire fee, $10. which has to be paid anew every time a candidate goes up—a very sharp, but a very dishonest way of making money. Giving candidates who pass upon three or four subjects credit for what they do, and returning at least half of the fee, would be fair and would give satisfaction. That this is an arbitrary, and therefore an indefensible reversal of what has been heretofore the rule is clear, for the same regulation ends thus:—"But those who before that date have passed upon some of the subjects, shall be allowed credit for such subjects at a subsequent examination.

Again (see page 14)—"Any candidate who fails in any branch of his primary examination shall be held to have failed in all."

The following branches are embraced in the Primary Examination:—

a. Descriptive Anatomy. *b.* Physiology and Histology. *c.* Chemistry, theoretical and practical. *d.* Toxicology and Sanitary Science. *e.* Botany.

There can be no reason given for adopting for the first time in the Council's history so harsh a rule. In all past years, candidates passing in any three subjects got credit for them, and this plan never worked badly; but in an evil hour, urged by a very few of the lovers of the "arbitrary," it was set aside and that given above adopted. But so manifestly unjust was this rule, that even the Executive Committee at the last moment modified it, but, as usual, in a most unsatisfactory and most unpractical manner. It is now conceded that candidates for the "Primary examination" will get credit for three branches passed, provided (and here is the unwise restriction) two of these are Anatomy and Physiology. This is done, it is said, to mark the importance of these studies. Now their importance is readily conceded; but suppose a candidate to be somewhat, even very, deficient in these, and very well up in the branches which are admittedly of less importance, should he not be credited with the three less important branches which he has proved himself to know thoroughly, so as to have all his spare time to give to those more important, on which he is not up to the required standard? Common sense can give but an affirmative answer to this question, but the Council's Executive Committee has just given another.

See also page 11:—"Every student after his Matriculation has been registered, must spend a period of four years in actual professional studies, except as hereinafter provided, dating from the 1st of April, 1878. The prescribed period of studies shall be held to mean 48 calendar months, to be computed from the date of matriculation."

The last, or "48 calendar months" clause of this, is most galling to students. Between twenty and thirty are this year kept back, it is said, on account of it for a whole year. It works in this way:—A student matriculated say four years ago in April, another in July of the same year; both have now completed their four sessions of lectures. The one can go up now without trouble; the other, only a few weeks behind, and very likely the better man of the two, and who is not expected to attend another lecture anywhere, nor obliged to study even another hour, is kept from making his living for an entire year. No one of good judgment wishes an abridged curriculum; but certainly when a man closes the last session of his four academic years, these should here, as everywhere else, be held to

be complete, although a month or two, or even three, short of the full four years.

As to the next regulation it speaks for itself, and is simply abominable ; it is more than unjust. To read it is enough. (See page 15.)

" No part of the fees paid either for matriculation or professional examinations will be returned to unsuccessful candidates."

Every honest man in the Council may well hang his head with shame when he thinks of this rule.

It is simply dishonest. It requires no comment, but its existence is a disgrace, and its enforcement, little if at all, short of a crime. As an instance of its hardship and wickedness ; a very poor but respectable American graduate who is in very ill health, presented himself last year for examination. He paid the full fee $50, but owing to his wretched health was not successful. No part of his $50 was returned to him, and when he presented himself again this year, another $50 was demanded and paid. I cannot trust myself to characterize such doings as they deserve. They are simply revolting. Any man unfortunately rejected, on going up again has to pay the entire sum over again to the Treasurer, who coolly says " that he is merely carrying out the orders of the Council." If this is not legalized robbery by what other name can it be called ? In no other country in the world does an abuse of the same kind exist.

By another rule it will be seen that the Council examinations are all but private. (See page 18.)

" No person other than a candidate for examination will be admitted to the Examination Hall, except those officially appointed by the Council or its Executive Committee.

It is not, it cannot be right to exclude any professional man or member of the Council who may desire to be present to see how matters are conducted. A strict rule preventing any interference whatever on the part of visitors, with examiners or examinations is all that can by any chance be needed—and nothing tends to give confidence so much as publicity—but the blind " controlling spirits " cannot see this.

And the last but not the least objectionable part of the Council's mismanagement, is in connection with the Executive Committee; this year it is ridiculously small—five in number. Here is the list. (See page 7) :

" Executive Committee.—Dr. Wm. Clarke, Dr. Ross, Dr. Daniel Clark, Dr. Husband, and the President, Dr. MacDonald of Hamilton.

It is enough to say here that not one of these gentlemen ever raised his voice against the harsh, irritating and unjust regulations above quoted. One need say no more. This fact speaks volumes. In this connection it is only just to except Dr. Husband, who is a new and a respected member of the Council, only appointed since the death of the late Dr. Campbell, and to fill his place.

For three hundred and sixty days of the year this small committee has been the Council to all intents and purposes, and has transacted most important business. It sits, too, with closed doors, unless when by special invitation any other member of the Council may be present for some special purpose. Its meetings are never reported in the medical or other journals, as they should be, and no one, not even the members of the Council, with hardly an exception, knows what is going on. This is all wrong, and must be radically changed. If the Council is to have the confidence of the profession, it must in its conduct be in all respects such as will deserve their confidence.

Another grievance felt keenly by at least three-fourths of our medical students is one the existence of which is indeed difficult to understand. I give it in language quoted from " A Medical Student's " letter which appeared a few weeks ago in one of our daily papers.

" Another great grievance which scores of us " complain of, and the existence of which we can- " not understand, is that the Council have as their " treasurer, and have had for years, a gentleman no " doubt perfectly trustworthy, but who is President " of one of the Medical Schools. This is manifestly " very unfair to each student of all the other Schools " of Medicine in the country—that he should year " after year, from the time he pays his matriculation " fee till he pays for his final examination, be forced " to have to do with the head officer of a school " he does not attend."

" One would have thought that the Council, " whose duty it is to examine the students of all " the schools, and which has nothing to do with " any one of these more than with another, would " have avoided the supreme blunder of appointing a " teacher in any one of them to such an office, or " at all events, that such a mistake having been " inadvertently made, no time would have been lost

" in rectifying it, but to this day it remains uncor-
" rected, a standing and most irritating wrong to
" the vast majority of Ontario medical students.
" We do hope that the Treasurer, no longer insen-
" sible to the extreme awkwardness of his position,
" will soon voluntarily give way to some one who
" is not connected with any school, and that if he
" should not do so, the new Council about to be
" elected, may appoint another officer in his place,
" who shall not be a member of any of the medical
" teaching bodies.

As a class, medical men hate tyranny, oppression, and wrong; and when their own Council is threatened with destruction, owing to the odium a very few men by their most unwise, illiberal and narrow policy have brought upon it, I am very much mistaken if they do not, with one voice, refuse in every electoral district in the country to give even a single vote, to any man who will not go to the Council pledged fully to right existing wrongs, and to correct the many abuses, to only a few of which, this letter has directed attention.

Yours, &c.,

A MEMBER OF THE COUNCIL.

April 29th, 1880.

Election Addresses.

To the Medical Electors of King's and Queen's Division :

GENTLEMEN,—The cycle of events has brought the term of my official duties connected with the Medical Council to a close.—You will therefore shortly be called upon to elect, from amoung yourselves, a Territorial Representative to serve in that body. I have again been solicited by a highly respectable number of my professional brethren, to offer myself once more as a candidate for your suffrages at the forthcoming election. The confidence you reposed in me for the last five years, I trust has not been misplaced. I have endeavored to carry out every pledge I gave prior to my return, and it is very gratifying to me to observe that many of you have been pleased, more than once, to approve of the course I pursued, in relation to the general business brought under our notice.

It might be well here to state that my career in the Council has not been so prolific of results as I could have desired; however, I trust that my labors have not been altogether without effect. In explanation of the cause why I was so frequently foiled in my efforts to be of greater service to those whom I represented, I have only to refer you to the composition of the Examining Board, where one-half of the examiners were annually appointed from among the members of the Council, with a high remunerative allowance. Upon mature reflection you will readily admit that the examiners should be exclusively appointed from among the members of the profession outside of the Council. No difficulty can arise in selecting competent men, who are known by reputation to have familiarized themselves with a knowledge of the branches that might be allotted to them for examination. My desire ever was to have the Examining Board so constructed that should any of the candidates who apply for license, who may feel themselves aggrieved, or fancy that they have been unduly taken advantage of, they might be able to appeal to a disinterested tribunal, where the proper remedy might be applied, and any grievance redressed, whether real or apparent, that may be supposed to exist. Several instances occurred where appeals were made to the Council from the Examining Board, by more than one of the candidates who did not feel quite satisfied; then to whom were the appeals made,but to the arbitrament of the very men who were supposed to have done the wrong or having been accessory thereto. You will at once perceive that this was rather a tough morsel for the appellants to digest. Want of confidence seemed to be the paramount feature at every final examination.

Every year since you elected me I tried to remedy the evil, but as often failed. To the combined efforts of two or three *aspirants for fame*—who had an ungovernable desire to rule—with a few of their more pliant but well meaning followers, I attributed my failure to achieve what I so much desired to accomplish. My ardent wish was to have every member of the Council eliminated from the Examining Board. The principal argument advanced against my views, was to the effect that we had not properly qualified or competent men outside our own circle to act as examiners! To this anomalous state of affairs I demurred, holding that I never as yet had seen grounds for believing that we had the good fortune to possess a monopoly of all the wisdom or business talent in the country.

However, I freely admit that there are several distinguished men of acknowledged ability in that body, who were deservedly popular, many of whom —without doubt—were sincerely honest in their opposition to my views. Furthermore, I contended that men could be found outside, who, in every respect, were equally well qualified—if not superior to many of the examiners appointed from the Council. I feel happy, however, to announce that at the last closing session the Committee on Education came to the conclusion "that discretion was the better part of valor" and politely excluded every member of the Council, *save one* (the ablest business man in our midst) from the Board of Examiners, and appointed a highly intelligent Board, composed of men outside of the body; so that, by dint of a little perseverance, I had the agreeable satisfaction of seeing my efforts eventually crowned with success. The small minority who supported me deserve great credit for their firmness of purpose in this emergency. I may also mention that I am in favor of either an increase in the number of Territorial Representatives or a more equitable readjustment of the present represeatation. A disproportionate preponderance of any class of practitioners in the Council I deem to be manifestly unjust. A resolution having that object in view, which I supported, I regret to say was at at once voted down.

In this connection I may state that reciprocal registration with the Medical Council of Great Britain is now regarded as of greater importance than heretofore. Whether we can obtain it or not the subject is invested with some degree of doubt. It seems to me that it is contrary to everything like reason for us to allow British graduates, privileges in this country which are withheld from our graduates in the mother country. It is claimed by the Medical Council of Great Britain that the British North American Act (which gives the Colonists full power to manage their own internal affairs in any way they may think fit) does not in any manner abrogate any of the provisions of the Imperial Statute of 1858, by which they affect to be governed. I scarcely think it would be wise at the present juncture to resort to the *lex talionis;* but would employ every legitimate means at our command, with the view of influencing our own legislature, where the power virtually rests, in order that parties claiming registration may be required to comply with the laws formulated here for the guidance of the profession generally.

I may further state that the Council is capable of doing much good, if the provisions of the Medical Act are properly carried out, and no unnecessary expenditure incurred beyond what is unavoidable—more especially with an income derivable from a very uncertain source, without any other supplementary support. Unless this state of things is rigidly attended to it is not difficult to forecast what the inevitable result may be. Should you again honor me with your confidence, my utmost desire will be to continue to merit your kind approbation; but should I fail to secure a favorable response, then in that case send some one else to represent you who, perhaps, might be more obsequious than

Your obedient servant,

WILLIAM ALLISON.

Bowmanville, 2nd April 1880.

To the Medical Electors of the Burlington and Home Division.

GENTLEMEN:—In consequence of either the intentional or the culpable neglect of the officials of the Medical Council, who should have sent out the voting papers in time, I was defeated in the election of 1872, but by only seven votes. On that occasion more than a dozen of my friends did not get their voting papers at all until the election was over—a fact I was able to establish clearly in my protest to the Medical Council, but from our very defective Bill, since amended, the Council was unable to have justice done me.

I again offer myself as a candidate for a seat in the Council. If elected, I shall earnestly advocate such a judicious and liberal policy as will enable the Council to correct the many abuses which have recently crept in, and to adopt such impartial and just regulations for its future guidance, as will prevent the recurrence of such abuses. Thus, alone, as I believe, can we succeed in restoring that confidence and respect for the Medical Council, which, I regret to state, has to a large extent been forfeited by the reckless blundering of the past few years.

I believe in shortening the term of office, that the professional sentiment may be more frequently and fully reflected in the Council; also in a nomination day, when a selection of suitable candidates

may be made, and a full discussion on Medical Legislation may be had. Peel and Wentworth have each been represented in the Medical Council, and Hamilton has enjoyed the emoluments of office for two terms. If Halton has a fit representative, it is time she should have that distinguished honor conferred upon her.

If elected, I shall oppose needless taxation of the profession as unwise and unjust. I shall urge the reduction of the expenditure in the management of the Council's affairs, and guard to the utmost of my ability all the best interests of our noble profession.

I remain, Gentlemen,
Your Obedient Servant,
C. FREEMAN.

Milton, April 12th, 1880.

To the Medical Electors of the Saugeen and Brock Division :

GENTLEMEN ;—In compliance with a resolution passed at the last meeting of our Medical Association for the North Riding of Bruce, and the solicitation of medical friends from different parts of the District, I have consented to become a candidate for the representation of the Saugeen and Brock Division in the Medical Council of Ontario, at the ensuing election. As, in all probability, I will not have an opportunity of seeing you personally before the voting takes place, I shall briefly give you my views on the more important medical questions now before us.

If elected, I shall, to the best of my ability, advocate an increased territorial representation, believing that it will create a more lively interest and give more general satisfaction to the medical public than the law as it now exists. I am also in favor of having the examinations appointed at a stated time, and to be conducted, as far as possible, by examiners selected outside the Medical Council.

I shall pay special attention to the manner in which the finances are managed, and support such measures as will insure the expenditure of money entrusted to the Council with due regard to economy. Other measures having a tendency to elevate the standard of our profession shall receive my warmest support. Hoping to receive your vote and influence.

I have the honor to remain,
Your obedient servant,
ROBERT DOUGLASS, A. B., M. D.

Port Elgin, April 15th, 1880.

Reports of Societies.

HURON MEDICAL ASSOCIATION.

The last meeting of the Huron Medical Association was held in Clinton on the 6th of April, Dr. McLean of Goderich, president in the chair. The following members were present ;—

Drs. McLean, Sloan, Worthington, Bethune, Holmes, Williams, Taylor, Young, Dowsley, Hurlburt and Stewart. Drs. Hyde of Stratford and Edwards of London, were present by invitation.

Dr. Taylor of Goderich, exhibited a man 40 years of age, on whom he tied the right common carotid artery 5 weeks previously, for a cavernous pulsating angioma of the roof of the mouth on the right side. As the result of the operation the tumor is less than half its previous size and all pulsation has ceased. Prior to surgical interference, the tumor was the seat on several occasions of very alarming hæmorrhages. The operation was performed with the strictest antiseptic precautions ; the vessel was tied immediately above the omo-hyoid muscle. The dressings were removed for the first time on the 5th day, when it was found there was complete union. There were no cerebral symptoms or constitutional symptoms following the operation.

Drs. Stewart and Hurlburt showed ;—

1. A case of "Lymphatic Leukæmia." The patient, a female, aged 27, married 5 years, 3 children, youngest aged 11 months. The glands on the left left side of the neck commenced to enlarge two years ago, those on the right side about six months ago. At present the lymphatic glands under the jaw, along the clavicle and sterno-mastoid, are greatly enlarged on both sides. The axillary and inguinal glands are only slightly enlarged. There is no enlargement of the spleen and liver. There is a dull area of about an inch square over the sternum at the junction of its first and second pieces. During the last six months she has been troubled with a dry, hacking cough. With the exception of the dull area already mentioned, there is nothing abnormal to be detected over the lungs. Heart sounds normal. The red corpuscles counted by means of Gower's hæmacytometer, amounted to 2.250.000, and the white to 75.000 per cubic millimetre. Ratio, 30 red to 1 white. The hæmaglobin as estimated by Gower's instrument amounted to 46 per cent.

The urine is acid, sp. gr. 1.015, free from albumen, sugar and casts. During the last two months she has been taking 15 drops of Fowler's solution daily, but with the exception of a slight increase in the number of red corpuscles, there is no change to be detected in her condition from the time when she first came under observation.

2. A male patient, aged 20, in whom they on two occasions opened a lumbar abscess with antiseptic precautions. The abscess which is due to disease of the third and fourth dorsal vertebræ, was first opened last October. When changing the third dressing (6th day) the wound was found closed. The pus, however, reformed again, necessitating a second operation which was performed two months ago, and followed by healing of the wound on the 9th day. At present the patient is wearing a Wyeth's extension jacket. Consolidation is taking place in the diseased vertebræ.

Dr. Bethune of Wingham, showed a tumor weighing 20 lbs. which he removed after death from the abdominal cavity of a female child, aged six. As the histological characters of this growth are not as yet determined, a full report will be delayed for a future occasion.

The following resolution was moved by Dr. Worthington of Clinton, seconded by Dr. Taylor of Goderich, and carried unanimously. "That we, the Medical Association of the County of Huron, feeling satisfied that Dr. Stewart of Brucefield, would make a good representative in the next Medical Council, hope he will allow himself to be a candidate for that position, and if so would strongly urge the profession throughout the Malahide and Tecumseh Division to give him a generous support."

BRUCE (N. R.) MEDICAL ASSOCIATION.

The adjourned meeting of this Association, was held in Paisley on the 26th of March, Dr. Scott in the chair. The following were elected officers for the ensuing year :—

President, Dr. Scott; 1st Vice-President, Dr. Douglass; 2nd Vice-President, Dr. McLaren; Secretary and Treasurer, Dr. McArthur.

Several matters of interest to the association were brought up and discussed.

Dr. Douglass of Port Elgin, was requested to offer himself as a candidate for the representation of the Saugeen and Brock Division in the Ontario Medical Council, which nomination he has since accepted.

Drs. Scott and McArton were asked to prepare papers to be read at the next meeting, to be held in Port Elgin in June next, at the call of the President.

BELLEVILLE MEDICAL SOCIETY.

At a meeting of the Medical Society of the city of Belleville, held on the 12th March, the following letter of condolence was directed to be presented to Mrs. Higinbotham, widow of the late Dr. Andrew Higinbotham, and a few days afterwards the accompanying reply was received.

To Mrs. Higinbotham :

MADAM,—At a meeting of the Medical Society of the city of Belleville, of which the late Dr. Higinbotham was a member, held at the residence of Dr. Hope, March 12th, 1880, we, the members of the Society, individually expressed our personal regard for him, not only for his unobtrusive professional conduct, but also for his gentlemanly bearing towards his medical brethren. His firm allegiance to the ethics of the profession won for him the respect of all, and while among us he exerted his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness.

Since it has pleased God to remove him from our midst, we endeavor to convey to you in this manner a slight expression of the high esteem in which he was held by us. Knowing that it is impossible to supply that comfort which our sympathies would gladly give in this your sad bereavement, yet we hope that this humble expression of our respect may tend somewhat to soften your great affliction.

Permit us, dear madam, to convey to you this assurance of our regard and profound sympathy for yourself and family under this irreparable loss. We are, madam,

Most sincerely yours,

ROBERT STEWART,	CHARLES N. RIDLEY,
JAMES F. CURLETT,	ROBERT TRACY,
D. E. BURDETT,	J. J. FARLEY,
P. V. DORLAND,	J. B. MURPHY,
S. A. ABBOTT,	J. E. EAKINS.
GEORGE J. POTTS,	WM. HOPE,
Secretary.	*President.*

Belleville, March 29th, 1880.

REPLY.

To the Members of the Medical Society of the city of Belleville :

GENTLEMEN,—I accept with very great comfort the letter of condolence addressed to me by the

Medical Faculty of the city of Belleville, expressing their sympathy for myself and family in the sad loss we have sustained by the death of a good husband and father.

It is a source of great consolation for me to receive the very numerous evidences of the esteem in which my late husband was held by his many friends, but none cheers me more than that which I have just received from his medical brethren of this city.

Please accept my most sincere thanks for the very kind expressions contained in your letter, which I shall treasure up as a much prized and sacred memorial of my late husband.

Respectfully yours,

(S'd.) MARY HIGINBOTHAM.

Belleville, March 27th, 1880.

MICHIGAN STATE BOARD OF HEALTH.

The State Sanitary Convention, the second of the series was held in Grand Rapids on the 17th of February, and following days. It was in every respect a success. It was largely attended, many valuable papers were read and discussed, and a large number of sanitary apparatus and appliances were on exhibition, such as air moisteners, sewer traps, ventilators, ozone machines, water closets, disinfectors and disinfectants, sanitary publications, etc.

Dr. Baker, the Secretary of the Board, read a very able and interesting paper on "General Sanitation." He advocated the appointment of a health officer for every locality, to be paid a stated salary. The number of doctors in the State of Michigan is estimated at 3500, and estimating the average annual income at $1000 each, the people of that State pay $3,500,000 to those who prescribe for the sick. If an "ounce of prevention is worth a pound of cure," can any sane person suppose that if one sixteenth of the 3500 physicians were constantly employed and paid for their services and their success in searching out and applying all possible knowledge for the prevention of sickness and death, it would require all the remaining 3282 physicians to prescribe for the sickness from non-preventable causes? In the city of Detroit, the number of deaths are about 2000 annually. Of these 240 or twelve per cent. are preventable. Now if the sickness could be reduced by effective sanitary work by ten per cent., the 200 physicians of Detroit city might be reduced in that proportion, and if the 20 physicians thus thrown out of employment were employed by the city in the work of general and special sanitation it would be in the direction of true economy for the citizens.

Speaking in reference to the relation of schools he said the three most important general principles of action by the improved New York quarantine are: Isolation of the sick, disinfection of all infected material, and ventilation of everything. In order that this shall be possible in relation to the schools of a city, it is essential to have such a thorough organization of the health authority of a city that suspected cases of communicable disease shall be promptly reported to the board of health and be immediately visited, and the truth learned whether or not the case is one involving danger to the community. The health authority must be given money sufficient to have such work done with as much promptness as the fire department display in visiting the locality of a reported fire; and as the firemen remain until the fire is out, so the health department might have its officer or employe remain until the disease is over. He should watch and guard the public safety. He ought to use disinfectants skillfully, and, if need be, as freely as water, until all danger of a fresh outbreak should be prevented. He should see to it that in no way does the disease spread. Now, we quarantine all, sick and well, by closing the schools. An active health department should at all times have as perfect knowledge of the location of cases of diseases which endanger the *people* under its protection, as the fire department does of the buildings which are burning and thus endangering the *property* under its protection. With such knowledge as this the health department could furnish the teacher of every school in the city with a list of all families in which there was a person sick with a communicable disease, and if necessary an agent of the health department, or some other person, could act as sentry at each school, and persons liable to communicate disease could be kept out. As an additional precaution, even where there has been no known infection, all articles likely to convey disease into the school could be easily disinfected, if it were only a custom to do so and provision were made for such disinfection. It would be easy to have a small room at every school-house where the outer wearing apparel, etc., could be

disinfected and aired while the wearer was in school, instead of having, as is now so commonly the case, the clothing of all closely packed in an unventilated closet.

Selected Articles.

FATALITY OF THE LONDON FOG.

The Registrar-General's returns tell how disastrous to life has been this period of fog and frost. Such a mortality savors of pestilence, so serious has it been. The fogs of the past period killed more English people than have fallen in any battle since Waterloo. Of course, many of those slain by the fog were children; but still the bulk were adults. Such a death-rate has not been known since the cholera outbreaks of 1849, 1854, and 1866. Compared with the death-rate of the preceding week, the increase has been fifty-four per cent. In the West End the increase was only thirty-two per cent., whereas in the eastern districts it was no less than eighty-three per cent. The Registrar-General had to expect seventeen hundred and nineteen deaths; the actual number registered amounted to the terrible total of three thousand three hundred and seventy-six. Sixteen hundred and fifty-seven persons have been surely killed off by this fog-cloud. If such is the number of the killed, what is the proportion of the wounded? How many persons have just escaped with their lives cannot be estimated, but their name is legion. Wearied diaphragms and strained right ventricles there are in any number; and it will take a considerable period of time before a very large proportion of the inhabitants of London forget, even as regards their subjective sensations, the fogs of Candlemas, 1880.

The large amount of lung-embarrassment in these cases was a special feature, and called for its appropriate treatment. In ordinary bronchitis there is the first stage of swelling of the bronchial mucous membrane, with an absence of expectoration, indicating nauseant diaphoretics to reduce the vascular turgescence and promote secretion. After that comes free secretion of frothy mucus, producing bubbling râles. A few days of free expectoration, when the patient's strength must be kept up by might and main, and then the expectoration gradually falls. But in these cases there was from the first expectoration of those curious, large, ashen gray masses. The râles were fine, and there were no whistling and cooing sounds. It was a fight betwixt the respiratory centres and the diminished lumen of the finer air-tubes; and a stubborn fight these respiratory centres made. But terribly exhausting work is it to maintain the contest; and stimulating expectorants and nutritive fluids, with alcoholic additions, have to be given in no stinted quantities. What became of those patients who got paregoric, chlorodyne, or chloral I do not know, but probably the undertakers and the grave-diggers could tell of the strain put upon them. How long the respiratory centres could maintain the struggle when the paralyzing effects of these drugs are added to the already exhausting strain upon them, again I do not know, for no opportunity for watching the effects came under my personal observation. Firmly impressed by my experience of the stimulating effects of certain agents upon the respiratory centres and upon the cardiac ganglia, my therapeutic line of treatment was arranged accordingly. To flog these vital centres is clearly the plan to adopt. The heart and respiration must be kept up at all hazards; and kept up they were in most cases. Especially marked were the effects in one case, where there was old-standing emphysema consequent upon chronic bronchitis, with a dilated right heart, for which the lady spent a winter in Algiers three years ago. Fortunately, she had been on strychnia, digitalis, and iron for eighteen months, when the fogs came upon her in the midst of an active life. Sitting up in bed, her back supported by a board, with her shoulders fixed to give the accessory muscles of respiration fair play, her clenched hands spoke of the energy with which she maintained the fight for breath, whilst the dusky hue of her countenance told how keen the struggle was. An undaunted will was there, which had no slight effect upon the result. Day after day the struggle was maintained with stern decision. Inhalations of terebene on a sponge wrung out of hot water soothed the air-tubes and made the expectoration somewhat freer, but could not be said to be as useful and beneficial as they are when the larger tubes alone are affected. To whip on the heavily-taxed respiratory centres was the substantial aid medicine could give her: so three grains of carbonate of ammonia, with five drops of tincture of nux vomica, were given, along with five minims of tincture of digitalis, to maintain the right ventricle, every four hours. Such relief did this combination afford that at her own request the medicine was taken every three hours. Fortunately, the stomach gave little or no trouble, the cough only occasionally producing vomiting. The respirations kept about 32 per minute, and the pulse 120. Feelings of deadly faintness came on, but, fortunately, never reached unconsciousness; the right ventricle never faltered, and the pulse never became irregular or intermittent. And so in time the battle was won; and the amount of prostration which remained told how severe the contest had been. When the critical time was over, the pulse fell to 80 and the respirations to 14 per minute, though the medicine was continued, showing how exhausted the vital centres were. The lady said, plaintively, "Oh, my heart is so tired, and my diaphragm does ache!"

And she looked it, though the dusky hue was gone, and the features were placid and the countenance calm. Her strength of will pulled her through, aided powerfully by the medicines, both in her opinion and mine. The effect of this combination was well seen in the old gentleman mentioned before, where in twenty hours the respirations fell from 44 in the minute to 32, the respiratory act being deeper and fuller, while the pulse was fuller but not slower. In another case of most extensive emphysema with chronic bronchitis, a steady course of atropine enabled an old gentleman to weather the storm gallantly.—*Dr. Fothergill, in Medical Times.*

NECROSIS OF THE INNER TABLE OF THE MASTOID AND CARIES OF THE TYMPANUM.

Dr. J. O. Green reported the following cases before the Boston Medical Society (*Boston Medical Journal.*

A girl aged ten years, during typhoid fever, developed purulent inflammation of the left tympanum, with perforation and ulceration of the drum membrane, followed by mastoid abscess, which ruptured spontaneously some weeks after. When I first saw her, carious bone could be felt through the fistula over the mastoid, and the meatus was obstructed by a firm fibrous polypus growing from the tympanic mucous membrane. Operation was advised, and under ether the polypus was removed by the wire-snare, and it was found that the inner wall of the tympanum was carious. At the same time the mastoid was exposed, and all of the softened, carious bone was removed by a gouge as far as possible, and a clean passage obtained for fluid from the wound through the meatus. A large surface of carious bone between the mastoid and tympanum, along the antrum mastoideum, was, however, beyond reach, and was left. The previous pain was entirely relieved by the operation, but the discharge from the wound and meatus continued, and granulations again sprang up from the carious bone in the tympanum. The treatment was thorough antiseptic syringing to insure perfect cleansing and free evacuation. During nearly a year this was continued, the general health being excellent; at the end of that time examination with a probe discovered a sequestrum within the mastoid cavity, and much carious bone was felt in the tympanum.

Under ether the mastoid was freely exposed, revealing a carious fistula through its external table; this was enlarged with a gouge till the end of the little finger could be passed in and the sequestrum could be felt moving freely; with forceps this was seized, and with a little manipulation withdrawn through the external opening. The sequestrum was 16 mm. long, 11 mm. wide, and constituted the inner table of the mastoid, including the distinctly marked sulcus of the lateral sinus. With a sharp spoon the superficial caries of the antrum mastoideum and of the tympanum was thoroughly scraped away. The mastoid and tympanum were syringed with carbolic solution, one to eighty, and wound and meatus were dressed with carbolized oil, one to ten. Not the slightest reaction followed the operation, and on the second day the child was up and about. The antiseptic syringing and dressing were continued daily. Three weeks after the cavity had diminished fully one half by the development of granulations, and no bare bone could be felt in the wound, and but a small bit in the tympanum. Five weeks after the operation, when last seen, the discharge from the wound scarcely amounted to two drops in twenty-four hours, but it was thought best still to keep the fistula open; the otorrhœa had almost ceased, the bare bone in the tympanum was nearly covered, and the tympanic mucous membrane was smooth and but slightly inflamed.

The chief point of interest in the case was the situation of the necrosis, the removal of which completely exposed the dura mater and lateral sinus over a considerable space.

SUBCUTANEOUS OSTEOTOMY—ADAMS.

The first operation of subcutaneous osteotomy in England was, I believe, performed in 1868 by Mr. L. Stromeyer Little, the son of the distinguished physician, Dr. Little, who introduced subcutaneous tenotomy into England in the year 1837, having been himself operated upon by Stromeyer in Hanover in 1836.

The case upon which Mr. Little operated, on November 11th, 1868, was one of bony ankylosis of the right knee-joint, with the leg flexed at a right angle, occurring in a girl aged 14 years, the result of strumous disease. An incision, the third of an inch long, was made on the outer side of the joint, and "a strong carpenter's chisel rather less than a quarter of an inch wide was inserted into the wound, and driven with a mallet through the united bones in several directions." The limb was readily straightened, and lint, with bandage and splint, applied. The case progressed very favourably, the wound being nearly healed on the sixth day; and in three weeks she walked on crutches, and in five weeks without crutches.

In this class of cases, it seems to me that the chisel, as employed by Mr. Little, is to be preferred, either to the short subcutaneous saw, which I use, at the hip-joint for ankylosis, in the knee-joint for genu valgum, and in all subcutaneous divisions of the shafts of the bones,—or to the method of

drilling through the ankylosis, and then dividing the bone by Langenbeck's long pointed saw.

In the following year, a further impulse was given to subcutaneous osteotomy in this country by the operation which I performed of dividing subcutaneously the neck of the thigh-bone within the capsular ligament, with a small saw rather more than a quarter of an inch in width, and with a cutting edge an inch and a half in length, at the end of a blunt shank three inches in length. This saw was passed through the track made by an enlarged tenotomy-knife a quarter of an inch in width. The operation was performed on December 1st, 1869, on a man aged 24, a case of bony ankylosis of rheumatic origin seven years previously; the thigh was flexed upon the pelvis at a right angle, and abducted.

I entered the tenotomy-knife a little above the top of the great trochanter, and, carrying it straight down to the neck of the thigh-bone, divided the muscles and opened the capsular ligament freely Withdrawing the knife, I carried the small saw along the track made—preserving this by pressure of the fingers of the left hand—straight down to the bone, and sawed through it from before backwards. The section was accomplished in five minutes. No hæmorrhage occurred; and a compress of lint with plaster and bandage was applied. The limb at once moved freely in all directions; but, before it could be straightened, the tendons of the abductor and rectus muscles had to be divided. No inflammation whatever followed; no swelling or redness of the skin, or any deep suppuration; only a few drops of pus escaped from the granulations at the orifice, which did not close by the first intention, or possibly from the track. Three weeks after the operation, he began to walk on crutches; and by swinging the leg about, as well as applying weight extension at night, I endeavoured to preserve motion; but this was gradually lost, and bony ankylosis in the straight position resulted. The man was enabled to follow his occupation, and now keeps a small general shop at Bath, where he was exhibited to the Surgical Section of this Association last year.

The decennial period which has now very nearly elapsed since the performance of this operation has been fruitful in the suggestions of other operations for subcutaneous osteotomy, and also for osteotomy with open wound under Lister's antiseptic method. The operation on the hip-joint has been adopted freely by surgeons in this country, and as freely by our enterprising brethren in America; it is now an established operation in surgery, and if the cases in which it is performed be carefully selected, and the operation executed with the requisite dexterity, its reputation will be maintained. In a paper read at the Royal Medical and Chirurgical Society, October 10th, 1876, I recorded twenty-two cases in which the operation had been performed. Cases of a rheumatic or pyæmic origin are the most favourable, because in these affections there is no loss of bone structure, and the head and neck preserve their integrity; but in the so-called strumous class—unfortunately much the largest—there is generally more or less destruction of the head of the bone, and other alterations in the anatomical relations of the joint; only the most favourable of this class should, therefore, be selected; but for the remaining cases in which my operation is not applicable, Mr. Gant's operation will be found to succeed. Mr. Gant proposed to divide the shaft of the femur subcutaneously, just below the small trochanter, using instruments similar to those employed by myself; but the saw had a longer cutting edge and a thinner blade; the width the same. Mr. Gant performed this operation December 10th, 1872, on a boy aged 6, who had ankylosis of the hip-joint, with extreme malposition of the limb upwards and inwards. Primary union of the wound occurred, and firm union of the bone with the limb in a straight position, giving an useful leg.

Mr. Gani has repeated this operation in several cases, and I have also performed it several times. In the same way, I have divided the shaft of the femur in the lower third; and the shaft of the humerus, a little above the elbow-joint, in two cases, for bony ankylosis in a straight position. In all the cases, the wound closed by the first intention, without any inflammation, swelling, or redness occurring. The local disturbance seemed to be no greater than in an ordinary tenotomy case.

The largest and boldest operation of subcutaneous esteotomy is that first performed by Dr. A. Ogston of Aberdeen, who applied the principle which I had adopted in the hip-joint to the cure of genu valgum, and used the same instruments, but with Lister's antiseptic precautions, which I have never adopted, as it has always seemed to me that we might absolutely rely upon the protective influence of the subcutaneous law. Dr. Ogston introduced the subcutaneous saw into the healthy knee-joint, through the track made by the enlarged tenotome, or subcutaneous knife, and then splitting the lower end of the femur detached the inner condyle, which in these cases is considered to be in an hypertrophical condition—at any rate, there is no doubt as to its relatively increased length. This operation was successfully performed by Dr. Ogston on May 17th, 1876, and an account of it was published in the *Edinburgh Medical Journal*. It has been repeated by many surgeons, both at home and abroad, with great success, and has already become an established operation in surgery. The testimony in favour of this operation by many surgeons is so ample and satisfactory, that it must be regarded as one of the greatest triumphs in subcutaneous osteotomy.

Other surgeons have preferred the use of the

chisel, which was most successfully employed by the late Mr. Maunder, whose sudden and melancholy death has deprived the profession of one who had contributed much to surgery in its various branches, and had especially interested himself in subcutaneous osteotomy.

The use of the chisel in detaching the inner condyle, as it is said without opening the knee-joint, has been adopted by Mr. Reeves, and with considerable success.

Osteotomy, with Lister's antiseptic method, for genu valgum, has been very successfully adopted by Professor MacEwen of Glasgow ; and the operation which he performs is a section, or partial section, of the lower end of the femur with a chisel, without opening the knee-joint.

Professor Lister himself adopts the open-wound, with a free external incision, from one to two inches in length, and then uses the chisel on MacEwen's plan. The compound fracture thus made and subsequently treated on the antiseptic method heals, as a general rule, without inflammation or suppuration. The favourable progress of such cases I have recently watched in Professor Lister's practice, but time alone can determine what percentage of unfavourable cases may occur.

In the discussion to which I hope this paper will give rise, I would suggest the following points as some of the greatest practical interest, on which we should like to obtain the opinion, and the result of the experience, of the members present, viz. :

1. The method of performing the operation of subcutaneous osteotomy, and the instruments to be employed, viz., whether the saw, chisel, or drill :

2. The selection of cases in reference to their pathology ; the joint involved ; and the instruments to be used :

3. The relative merits of subcutaneous osteotomy, without any antiseptic precautions ; and osteotomy by open-wound under Lister's antiseptic method.—*Dr. Adams, Brit. Med. Journal.*

A CASE OF EMPYEMA, COMPLICATED WITH LYMPHOMATA, GLYCOSURIA, ETC.

Philip R., a horsekeeper, aged 20 years, was admitted into Guy's Hospital, under the care of Dr. Wilks, on March 3, 1880. He stated that he had always enjoyed fairly good health ; he had occasionally suffered from a cold or cough, but had never been laid up. There was no history of syphilis or gonorrhœa. Eighteen months ago he married ; his wife had one child, now four months old and in good health. Patient's father and mother were both alive and fairly healthy. He was one of sixteen children, eight of whom were alive ; and there seemed to be no family predisposition to lung or other disease. Four weeks before admission he began to suffer with cough, with much white frothy expectoration. A week later he had pain in his left side, and went under medical treatment, but was not benefited by it. At the end of another week he noticed that his "stomach" was swollen, and during the week before admission his face was swollen. For two weeks he had passed more urine than usual, and noticed that he had to get up as often as six or seven times in the night to empty his bladder. The urine, he thought, was not altered in color. The bowels had been relaxed during the same period, being open six or seven times a-day. The motions were of a light color. He had not complained of any special feeling of malaise or aching pain anywhere.

On admission, patient is rather short and robust-looking ; his expression is cheerful. The face is somewhat puffy ; the pupils are dilated ; he seems to be well nourished. He lies on his back in bed, and says that he cannot lie on his right side for shortness of breath and cough. He has slight thirst, but no headache ; his chief complaint is of the cough and the swelling of his face. He does not complain of pain on inspiration or in coughing. His feet are not swollen, and the abdomen is only slightly prominent. On inspection, the chest is seen to be well formed ; respiration is chiefly thoracic, and the left side can be seen to move more freely than the right. There is no perceptible bulging or shrinking of the intercostal spaces. On palpation, the right side can hardly be felt to move at all, but the left side moves freely. Vocal fremitus is wholly absent on the right side, in front below the nipple, and behind as far as the inferior angle of the scapula. On percussion, resonance is found to be normal both in front and behind on the left side ; on the right side the chest is resonant above the nipple in front, but below that it is quite dull ; behind there is absolute dulness at the base to the inferior angle of the scapula, and impaired resonance for two inches above the same point. On auscultation, the sounds on the left side are normal, with perhaps a slight roughening at the posterior part of the base. On the right side breath-sounds are altogether absent at the extreme base behind as far as the angle of the scapula, tubular to the spine of the scapula, and expiration is prolonged and rough above. The respirations are 30 to the minute. There is no ægophony. The heart-sounds are normal ; the pulse is 96. The tongue is pale, and is furred along the centre of the dorsum ; appetite is good ; bowels are loose. The abdomen is slightly enlarged, and the liver can be felt one inch below the ribs. The urine is alkaline, very full of phosphates, pale, specific gravity 1020 ; it contains no albumen, but sugar is present. Temperature 99·2°.

March 4.—The urine contains less phosphates

and is darker in color; it is still alkaline and contains sugar; specific gravity 1036. The bowels are less relaxed. Pulse 102; respirations 30. He complains of pain in his left side, and emplastrum lyttæ has been ordered to be applied there.

5th.—Morning temperature 101·2°, evening 100°. The cough is more troublesome, and the expectoration is becoming purulent; the cough causes severe pain in the right side. He perspires very freely, and says that he feels "out of sorts."

6th.—Evening temperature 99·4°. Urine, of high specific gravity, contains sugar.

8th.—The cough is less troublesome, and patient says that he feels better. In the front of the chest, the dulness is absolute on the right side, as far as to a level with the third rib. Behind, at the base, faint breath-sounds are heard, and rhonchi on inspiration and expiration. He complains less of pain with his cough. This morning he brought up a small quantity of blood—less than a quarter of a pint.

10th.—The temperature has been little above normal, or normal, since the 6th inst. The urine continues alkaline, of high specific gravity, and contains sugar, but no albumen. The quantity passed is fairly large, but not excessive.

12th.—No more blood has been coughed up. Breath-sounds are to be heard all over the right side of the chest; they are distant and tubular; no moist sounds or friction can be made out, and the expectoration is less abundant. Temperature, yesterday morning 100·2°; to-day, morning 99·4°, evening 100·4°.

13th.—Morning: Patient seems pretty well to-day. He was able to get up for a little last night, and says that he feels better altogether. Temperature 100°. At 3.30 p.m. patient had a fit; he was strongly convulsed for three or four minutes, and lost consciousness. He became black in the face, but did not bite his tongue or pass water or fæces. He then completely recovered consciousness. Ten minutes later he had a similar fit, but a stronger one. The pupils were dilated and equal; the skin was sweating; there was no dyspnœa. He remained semi-comatose for about twenty minutes, throwing his arms about and breathing stertorously. 4.30 p.m.: Patient can be roused, but still seems to be in a semi-comatose state. There are no abnormal heart-sounds, his breathing is easy, and there are no signs of collapse. There is neither twitching nor rigidity of the muscles. In the urine passed there is no albumen, but in that drawn off by the catheter there is a slight trace, and there is abundant sugar. A croton-oil pill and some brandy-and-water were administered. Patient had several more fits—seven in all—of a similar nature, and died at midnight in convulsions. Before death the temperature went up to 103°.

Post-mortem Examination (conducted by Dr. Goodhart).—The right pleural cavity contained a pint and a half of pus, and the pleura was covered with a layer of lymph. The right bronchus was compressed, and its walls were infiltrated by an enlarged bronchial gland of the size of a plover's egg, and secondary changes were present in the right lung as a result. The whole lung was in a condition of catarrhal pneumonia. The upper lobe was dense and firm in consistency and of greyish color. The lowest lobe was in a more advanced stage of the disease. The bronchial tubes were very prominent; the tissues around were dense, and were commencing to soften. In the small middle lobe the changes were still more advanced, and the lung substance was partly broken down. No serious changes had occurred on the left side, and there was nothing noteworthy about the heart. The liver was large; in its substance were found numerous cancerous-looking nodules, ranging in size from that of a pea to that of a walnut; none of these nodules were nearer the anterior edge than about an inch and a half, so that it would have been impossible to detect them in life. Subsequent microscopical examination showed that these nodules were lymphomatous in structure. Along the front of the spine there was a diffused, ill defined, cancerous-looking deposit (this was not examined microscopically). On examining the brain, there were found to be well-marked signs of recent acute purulent meningitis; this was more marked in the neighborhood of the vertex. The other organs and parts appeared to be healthy.

Remarks.—The case presented many remarkable features, and was full of difficulties throughout. The aspect of the patient suggested Bright's disease, at first, when he appeared in the out-patient room; the puffiness of the face was not satisfactorily accounted for, at the post-mortem, by any demonstration of direct pressure upon the veins of the upper extremity. The primary mischief appeared to have been in the thorax, but the early symptoms must have been of very slight intensity, and in the presence of the empyema the temperature fluctuated very little, and the presence of pus was not indicated by any rigors. The constitutional disturbance throughout was comparatively slight, and on the day of his death patient seemed to be unusually well. During the whole time of his treatment in the hospital the urine remained alkaline; its specific gravity ranged from 1029 to 1042; except at the last, it remained free from albumen, but contained sugar; it was never excessive in quantity. The glycosuria was evidently not of old standing, but was probably connected with the other disease.—*Med. Times and Gazette.*

TRANSPLANTATION OF OSSEOUS TISSUE IN UNUNITED FRACTURES.—This operation has been performed by Nussbaum, in Munich. He reports in Schmidt's Yahrbücher two successful cases. The first was that of an officer having a gunshot fracture

of the right ulna, which healed with pseudarthrosis. The distance between the fractured ends was five centimeters. The radius was intact. The false joint was laid open. A longitudinal piece of bone from the upper fragment, sufficiently long to fill the space between the fragments, was chiseled out and anteverted, without severing its periosteal connection, so as to touch the denuded end of the lower fragment. The wound was closed by sutures, and a fenestrated plaster of Paris bandage was applied. At first there was considerable reactive inflammation, in spite of which the uniting of the pieces of bone took place. Six weeks afterward there was very slight abnormal mobility, so that pronation and supination were yet difficult. One year after, however, the function of the arm was so far restored that the patient was able to resume his duties in the field. The second case was that of a builder, twenty-seven years old, who had a compound fracture of the left ulna, twelve centimeters below the olecranon. The wound healed in a short time under Lister's dressing, but one piece of bone, three centimeters long, and several smaller pieces came out, leaving a pseudarthrosis about three centimeters in length, rendering the arm useless. The old methods of treatment were resorted to without avail. Finally the false joint was laid open and a piece of the upper fragment five centimeters in length bisected longitudinally and turned over without severing the periosteal connection at its lower extremity, and applied to the denuded surface of the lower fragment. A drainage tube was placed in the wound and Lister's dressing applied. Sixty-seven days after, the patient was allowed to make the first movements of pronation and supination, and four weeks later the arm was suffiiciently strong to allow of his resuming his work. This operation is mainly of use in cases of pseudarthrosis of the forearm in which only one bone is involved, and is preferable to resection.—*Chicago Med. Gazette.*

Traumatic Tetanus: Different Methods of Treatment.—Dr. Mollière relates the following case in the *Gazette des Hôpitaux*, *British Med. Journal.* The patient, aged 25, had been accidentally shot in the right foot. The fourth and fifth toes were so badly injured that they were amputated at once; the first phalanx of the third was fractured and the articulation opened, but it was thought that it might be preserved. The patient was treated antiseptically, and seemed to progress well during a fortnight, when suddenly he began to complain of a feeling of lassitude, the wound became very painful, and he experienced some difficulty in opening his jaws and turning his head. The toe was dressed with laudanum, and the patient took half a drachm of bromide of potassium and a drachm and a half of chloral daily; he had also two hypodermic injections of morphia. Notwithstanding this treatment, the patient became worse, the pain in the foot increased, and all the symptoms of acute tetanus showed themselves; he had general convulsions, could not move his head or open his mouth, perspired abundantly, had very high temperature, etc. The wound becoming exceedingly painful, the injured toe was amputated. From that day the local pain ceased, and the other symptoms gradually vanished. The patient remained sleepless for a rather long time, nothwithstanding the use of hypnotics, but could open his mouth more freely, and could swallow. Smaller doses of chloral and bromide of potassium were given, and a month after the operation the patient was well enough to leave the hospital. On dissecting the toe which had been removed, it was found that a small sharp bone was sticking in the internal lateral nerve, and had in this way caused the tetanic convulsions, This case is remarkable on account of the different methods of treating tetanus having been combined in the treatment. Without the amputation, the drugs given would have had no effect; but on the other hand, if the powerful doses of hypnotics had not been administered, the surgical treatment, in the author's opinion, would have proved useless.

Madame de Rémusat tells this story of Corvisart:—"The emperor having, for the moment, given up the divorce, but always taken up with the desire for an heir, asked his wife if she would accept one that belonged to him only, and feign pregnancy so that everybody should be deceived. She was far from refusing herself to any of his fancies in this regard. Then Bonaparte sent for his physician-in-chief, Corvisart, in whom he had extensive and merited confidence, and confided his project to him. 'If I succeed,' said he to him, 'in assuring myself of the birth of a boy who will be my own son, I wish that, as witness of the confinement of the empress, you will do everything necessary to give this ruse every appearance of reality.' Corvisart found that his honor was compromised by this proposition; he promised inviolable secrecy, but refused to lend himself to what was asked of him. It was only a long time afterwards, and since Bonaparte's second marriage, that he confided this anecdote, while attesting the legitimate birth of the King of Rome, upon which doubts entirely unjust have been thrown."

Benzoate of Soda in Gonorrhœal Ophthalmia.—Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well-marked case of gonorrhœal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion

which issued from the eye was removed by means of a wash consisting of 100 per cent. solution of the benzoate.—*Lyon Méd.*, March 7.

MENIERE'S DISEASE.—At the International Scientific Congress, at Amsterdam, in September last, Science of Otology (reported in *Le Progrès Médical*), M. Guye read a paper on Mèniere's vertigo, of which the following are the conclusions :

1. In the most general sense of the word, we may consider as Méniere's disease all cases of vertigo caused by abnormal irritation of the nervous apparatus of the semicircular canals. The irritation may be due either to a normal cause exaggerated, such as violent rotary movement of the head or body, or to an abnormal cause, such as sudden change of temperature, generally a reduction, variations of intra-tympanic pressure, and circulatory or inflammatory disorders.

2. In a more restricted sense, the designation of Méniere's disease applies to cases in which an inflammatory condition, either of the semicircular canals themselves, or of the middle ear (tympanic or mastoid cavity), is the cause of vertigo which may be continuous, or may be only provoked by the normal movements of the head, or still may be produced only in the form of isolated attacks, with intervals of weeks or months.

3. Cold, or catarrhs of the tympanic cavity, play a large part in the etiology of Méniere's disease.

4. The majority, if not all, of the cases of Méniere's disease are secondary, that is, are caused by catarrhs of the tympanic or mastoid cavities.

5. In typical cases the vertigo is accompanied or preceded by sensations of rotation which follow in a constant order ; the attack commences with a feeling of turning around a vertical axis, and always in direction corresponding to the side diseased, sometimes with a feeling of rotation of going and coming ; next, in severe cases, a sensation of rotating around a frontal axis, in front and rear, the vertigo becomes general, the patient falls, with or without loss of consciousness ; frequently there is vomiting. In some cases the attack is over in from ten to thirty minutes ; in others the vertigo is revived by every motion of the head during one or two days, and the patient is compelled to keep a recumbent position.

6. In some cases the sensation of rotation are produced experimentally by therapeutic operations on the affected ear (either insufflation of air into the tympanic cavity, which is the seat of an acute inflammation, or injection of fluid into a mastoid cavity after trepanation of the mastoid epiphysis). In these cases the sensation of turning is always around the vertical axis, and corresponding in direction to the diseased ear.

7. In certain cases the attacks are accompanied with intense subjective sensations of sound, in others a slight tinnitus exists all the time without any exacerbation during the attack ; sometimes auditory sensations are altogether lacking.

8. In cases of long duration a slight feeling of vertigo exists during the intervals, produced chiefly by the first movements of the head on awakening. Sometimes the patient feels as if falling forwards or backwards ; others are compelled to keep the head fixed constantly in one position, as every motion in the plane of any one of the semicircular canals gives them a sensation as if a heavy body within the head followed the movement. (In one very characteristic case observed by me, the patient held his head inclined forward and to the left, and thus prevented every movement of rotation in the plane of the left sagittal semicircular canal. The left ear was the one involved.)

9. Besides the rather frequent complications with hysteria, Méniere's disease often produces in children a condition akin to chorea, and in adults clonic contractions of the facial and bodily muscles, which may entirely disappear with local treatment of the middle ear.

10. Méniere's disease is often cured with or without loss of hearing.

11. Local treatment alone is often efficient in cases not too obstinate.

12. For internal treatment, quinine, recommended by M. Charcot, is most deserving of confidence. One is often able to delay the attacks by its use. Quinine has also the paradoxical action sometimes of making the tinnitus disappear while the deafness increases. This effect is generally limited to the period of its employment.

M. Méniere remarked on the above that he did not agree with M. Guye, that the majority of cases of the disease were the result of catarrhal affections of the middle ear or the mastoid process, and that he thought the author had generalized too much in making all cases of vertigo Méniere's disease. The vertigo was only a symptom.—*Jour. of Nervous and Mental Disease.*

NEW TREATMENT OF PLACENTA PREVIA BY FERRI PERSULPHATIS.—Dr. R. J. Nunn, of Savannah, Ga., reports a successful case in the *American Journal of Obstetrics*. He used it as follows : I found the pains had entirely ceased, the vagina was filled with clots, the os dilated sufficiently to admit the finger, by which the placenta could be easily detected, and the warm blood could be distinctly felt flowing through the os. Cleaning out the clots, a speculum was introduced, and the liquor ferri persulphatis was applied to the bleeding surface by means of a cotton swab passed through the os. The hemorrhage ceased *instantly and absolutely*, and the speculum was retained in place about fifteen minutes to see that bleeding did not recur. Stimulants and ergot were then given freely, and a pledget of cotton saturated with the styptic was-

left in the os, and sustained in place by a very slight tampon of cotton, merely sufficient for that purpose. The liquor amnii had been very slowly discharging for a couple of days. Labor recommenced in about an hour. Up to 6 a.m. no blood was lost, but at this time, during an effort to rise, the tampon dropped out, and with it about an ounce of fresh blood, but no clots. A speculum examination showed the os dilated about one-half, the placenta covering the orifice was now plainly visible, and the blood was flowing from the left margin. The iron solution was again applied, which stopped the bleeding instanter, and hence it was thought unnecessary to use the pledget. At 7.15 the hemorrhage recommenced, but was instantly controlled as before. All this time labor was going on satisfactorily. At 8.20 the patient got out of bed to have an evacuation, when, during a severe pain, the placenta was expelled, followed shortly after by the fœtus, which was dead, and apparently had been for several hours. The subsequent history of the case has in it nothing worthy of note.—*Toledo Med. Journal.*

Famine Fever.—Dr. Cullinan of Ennis writes a thoughtful letter to a local paper with reference to the present distress in Ireland, drawing attention to a very important matter which, he says, has not yet arrested general attention. Having regard to the facts collected by the late Sir Dominic Corrigan, during the famine of 1846-8, Dr. Cullinan expresses fears as to the famine-fever which is sure to follow a scarcity of food of the right sort; and he suggests that the food supplied to the destitute people should not be limited to Indian meal. He observes that life and health cannot be maintained by Indian meal alone, however liberally supplied. If the poor are obliged to live exclusively, or almost exclusively, on Indian meal, that food will introduce into the system some elements in excess of the requirements of their bodies, or out of proportion to other constituents, which are either deficient or altogether wanting, and there must ensue an effort of nature to redress the balance and eliminate the absolute or proportional excess. This process of elimination necessitates a derangement of the most important natural functions, and much constitutional disturbance, that is *fever*, attended or followed by various dysenteric fluxes, or watery or dropsical swellings of the body and limbs, etc., which were so fatal during the last famine-fever. In order to avoid this disastrous fever and its attendant disorders, Dr. Cullinan suggests that other foods should should be distributed with Indian meal, such as American pig's-head and Australian and South American tinned beef; salted fish, herrings, lings, etc.; peasemeal and lentils, onions and carrots, molasses, etc. If this can be compassed, it seems to us very desirable to be done, as Indian meal is undoubtedly lacking in some of the elements of nutrition.—*Brit. Med. Journal.*

Neurotomy as a Substitute for Enucleation of the Eyeball.—Professor H. W. Williams remarks concerning this new operation, in the *Boston Medical and Surgical Journal*, that "neurotomy is probably of too recent application to warrant us in asserting positively that it will invariably be a preventive of sympathetic ophthalmia. Thus far, it has generally seemed effectual. Should any symptoms afterward manifest themselves, the operation might be repeated, to cut any nerve-filaments which possibly had escaped divisions at the time of the previous section. In case of failure as regards permanent relief, enucleation will still remain as an ultimate result."

Granular Erosion of the Pharynx.—In an editorial in the first number of this journal, Dr. H. C. Howard, of Champaign, Ill., was represented as having seldom failed to effect speedy cure of chronic pharyngitis and granular erosion of the pharynx by the use of a powder composed of sugar of milk, 200 parts; iodoform, 100 parts; thymol, 1 part. The addition of the thymol has been made for the purpose of depriving the iodoform of its disagreeable odor.

The application is made by means of an ordinary insufflator. He directs the powder to be applied once a day, in ordinary cases, and oftener in aggravated cases.—*Chicago Med. Gazette.*

Sleeplessness:—The following is recommended as a cure for sleeplessness: "Wet half a towel, apply it to the back of the neck, pressing it upward towards the base of the brain, and fasten the dry half of the towel over so as to prevent the too rapid exhalation. The effect is prompt and charming, cooling the brain and inducing calmer, sweeter sleep than any narcotic. Warm water may be used, though most persons prefer cold. To those who suffer from over-excitement of the brain, whether the result of brain work or pressing anxiety, this simple remedy has proved an especial boon."

Of the 133 candidates examined at the Royal College of Surgeons of England, during the last week, 77 passed to the satisfaction of the Court and obtained their diplomas; 7 passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining 49 failed to reach the required standard, and were referred for six months' further professional study.—*Med. Press and Circular.*

——"Rest, position and pressure are the trinity of the healing surgical graces, but the greatest of all is pressure."—Sampson Gamgee in *Am. Practitioner*, February.

Dr. J. Marion Sims says that Keith's great success as an ovariotomist, is due to the removal of all blood and making the peritoneal cavity dry and clean before closing the abdominal wound.

THE CANADA LANCET.

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TORONTO, MAY 1, 1880.

THE BRITISH MEDICAL ASSOCIATION AND ITS BRANCHES.

One of the most noteworthy tendencies of the age is that which favors consolidation. This phase of opinion is seen in the Imperial policy of the leading statesmen in England, by which we in Canada are greatly influenced; in the formation of the Incorporated Law Society, to guard the interests of the legal profession; of the British Medical Association, and of numerous societies in connexion with the various professions and trades.

The British Medical Association is probably the most powerful and widely-extended organization of any professional society properly speaking, having branches in all parts of the British Islands. Australia has taken the lead in establishing branches in the Colonies. Its ranks embrace the most eminent men in the Empire as members, and many distinguished foreigners as honorary members. Its annual meetings are looked forward to, both at home and abroad, as a great event. At such meetings one has the opportunity of hearing such masters of our art as Jenner, Paget, Hutchinson, Lister, Matthews Duncan, Houghton of Dublin, and many others. Its Journal, the *British Medical*, contains reports of these and branch meetings, and is always open to members for original papers. Besides news of this character, it contains articles by leading men on all branches of medical science. An important feature in the Journal is a column for practical memoranda on therapeutics and clinical medicine and surgery.

The objects of the Association are the promotion of medical and allied sciences and the maintenance of the honor and interests of the profession by the aid of periodical meetings of the profession and Association, by the publication of transactions and other papers, and by grants of money out of the funds of the Association for the promotion of the medical sciences in such manner as may be determined on.

The Association has always taken an active and often initiative part in the mother country, in the discussion of questions of the highest importance, and has exercised no inconsiderable influence, both in Parliament and in society, on many subjects. Among these may be named the improvement in the status of the medical officers of the Army and Navy; of the Poor Law medical officers; the administration of medical relief to the industrial and pauper classes; the amendment of the sanitary laws; the protection of infant life; vaccination and small-pox; medical education and reform, &c.

The membership of such an Association presents many advantages, among which may be mentioned, the publication of letters and communications from members in the *British Medical Journal*, and constant communication with the British profession through this, the most widely-circulated medical journal in the world, thus bringing the status of the profession in this country before the British medical public. When this is known and understood there should be no longer any difficulty about Canadian graduates registering in England. The *British Medical Journal* is sent weekly, free to every member on payment of his annual subscription. The only requirements for membership are, that the candidate shall be a registered medical practitioner in the country in which he resides, and be recommended by at least two members of the Association.

It is now in contemplation to establish a branch or branches in Canada as in Australia. The matter has received considerable attention from the profession in Canada, especially in the Maritime Provinces. The movement is in the right direction, and we hope soon to see it accomplished. It is, we think, deserving of cordial support.

ONTARIO MEDICAL ELECTIONS.

In another column will be found a letter by a member of the Council to which we would direct the special attention of the members of the profession in the Territorial Divisions. We have on more than one occasion pointed out some of the

most glaring abuses that had crept into this body, and did our utmost to bring about much needed reforms. In some of these we were successful, but in others we as signally failed, and we must now look to the great body of electors in the Territorial divisions of the Province for that measure of reform which we have failed to secure for the profession and the public. After a long and stubborn resistance to the wishes of the profession as expressed in these columns, the members of the Council finally abandoned the vicious practice of appointing each other in turn upon the examining board, and to the benefits of the emoluments of the office. But even this concession was not yielded until the last session, and then not wholly, as one member was still retained on the board as a monument of the departed glory. But it will be noticed, however, that none of those who expected soon to appear before their constituents were found either to advocate a continuance of the old system, or to accept a position on the board. This, moreover, shows most unmistakably the value of a responsible council and also the necessity for an increase in the responsible section of that body; or in other words, an increased territorial representation. The college representatives, or most of them at all events, are returned again and again at each succeeding election, and so confident are some of them of their certainty of return, that they seem to claim the right to do as they please, and therefore the profession must look for reform at the hands of their chosen representatives. Another matter which we have advocated is the shortening of the term of service from five to three years, so that the views of the profession may be more fully reflected in the management of the affairs of the Council. Abuses in reference to the internal management of affairs in the Council are fully set forth in the letter of "Member of the Council," and are undeniable as the college announcement will show. Some of these arbitrary and unjust regulations have been but recently passed, while others have been several years in force, and no time should be lost in sweeping them out of existence as a blot and a disgrace to any intelligent body. The majority of the regulations complained of are the result of the constant and annually recurring efforts of one or two individuals, who have essayed to rule the Council, to modify the curriculum of studies to be pursued by students. It is to this circumstance more than any other, that is to be attributed so much trouble both within and without the Council. Instead of laying down a curriculum of studies to be pursued, and regulations for the guidance of students, and adhering to them for a period of four, five or more years as is done by all universities and colleges, the Council in its wisdom has seen fit to change both curricculum and regulations every year, until confusion reigned supreme in every department. Members of the Council themselves did not understand the regulations, and not unfrequently the poor student suffered from his ignorance of the requirements demanded of him. Hence it is not to be wondered at that there was a growing dissatisfaction; in fact the wonder is that matters were not worse than they really were. The danger and unwisdom of constantly changing the curriculum, and altering the regulations, was again and again urged upon the council by those interested in its welfare, but advice and remonstrance were alike unheeded, and those who undertook with the best intentions to criticise their acts, and who were the true friends of the Council, were branded as its enemies and desirous of its overthrow. The regulation in regard to the payment of fees for the matriculation and professional examination which specifies that "no part of the fees shall be returned to unsuccessful candidates at any of the examinations," presses very heavily and unjustly upon students who happen to fail in their examination. One unfortunate student who presented himself for examination last spring in all the subjects, and paid the full fee of $50, but who failed to pass, has this year to pay the entire sum over again before he can be allowed up for examination. Surely this cannot be right. In no other institution in the world, we venture to say, can such an arbitrary and unjust regulation be found. Even if the money so dishonestly abstracted from the pockets of the poor unfortunate students were put to good use, it would not appear so bad; but when this money, and hundreds of dollars besides, are spent in useless and vexatious lawsuits, surely it is time that the profession should assert itself, and put a stop to such proceedings. The profession has the matter now largely in its hands. The elections are about to take place, and the electors should be certain as to the character of the men they are sending to represent them for the next

five years, for much will depend on the manner in which they discharge this duty. Not a single man should be returned who is not in favor of reforms in the direction which we have indicated. The Act under which the Council is working is a very good one, and only requires to be honestly and faithfully carried out; but we venture to assert that another five years' rule similar to the last will utterly destroy all confidence in it as a representative body. It would be a matter for sincere regret if this should occur, and much will depend upon the wisdom and good judgment of the profession in the present crisis whether it will be so or not. We have every confidence that the profession will do its duty in the matter.

MEDICAL COLLEGE FEES.

The Medical Colleges of the Provinces of Ontario and Quebec have at present under consideration the desirability of increasing the fees to be paid by students for attendance upon lectures. For years the fees paid for a professional education have been ridiculously low, and now that the period of study required by the student has been lengthened from three to four sessions, it would appear a most favorable juncture for a change in this direction. A trifle over $200 is the entire amount paid into the funds of a Medical College by the student for his whole academic course, extending over a period of four or more years. It has hitherto been the custom to charge $12 each for the main subjects, such as Anatomy, Medicine, Surgery, and Midwifery, &c., and from $5 to $10 for the less important branches. These fees were charged for the first and second sessions only, all subsequent sessions being free. There seems to be no good reason, however, why any of the sessions should be free. Medical students, like other members of the community, should pay for what they receive, and they will, we venture to say, hold in higher esteem the services for which they have to pay than those which are given gratuitously. Neither the circumstances of the country, nor of the medical students as a class, require the continuance any longer of the system of partial remuneration which has been so long in vogue, and it only requires concerted action on the part of the Colleges to place this matter on a more satisfactory basis. The requirements of a medical education are very different from what they once were. The rapid advances in all departments of medicine, the improved methods of teaching, and the modern equipments of the schools for the increasing work before them, necessitate the outlay of large sums of money every year. We are not prepared to say what the increase in fees should be, but we think that as the duties required by the Colleges have increased from twenty-five to thirty per cent., that there should, at least, be a proportionate increase in the remuneration. On the other hand, care must be exercised, not to raise the fees too abruptly, otherwise with the large number of medical institutions, with merely nominal fees, in the United States, there may be a general exodus of medical students across the lines.

TORONTO INSANE ASYLUM REPORT.

Through the kindness of Dr. Clarke, the Medical Superintendent of the Asylum, we have received a copy of his annual report for the year ending 30th Sept., 1879. In addition to the statistical tables which invariably abound in such works, the doctor has given the public his views on some important questions affecting the well-being of the community at large. His remarks on "worry in life," as a fruitful source of disease, are worthy of consideration and should be read by every member of the community: "Worry in business or other annoyances, whose name is legion, cause loss of appetite, want of sleep, restlessness, nervousness, general physical prostration, low spirits, and all the brood of ills which flow from them. One member of a family in this condition will unsettle the comfort of all with whom he comes in contact. * * * The race of life throughout the more advanced countries of Christendom in the periodic upheavals; the sacrifices of necessary comforts for show and parade; the hot-house growth in forcing unduly young intellects; the exciting trade and professional rivalries; the periodic political excitement; domestic troubles; the vitiating public and private offences against physical law; and the countless artificial modes of life, drive myriads of the best and the worst citizens into insanity." Speaking with reference to the source of mental and physical deterioration which affects the adult population as well as the youth of our land, he says: "It is the senseless mental overstrain to which the children

are subjected. Any one can perceive (if such will take the trouble to look) how this is brought about. An examination of the list of studies required of children and youths up to the age of twenty-one and beyond it in our schools and universities, shows that no young and growing brain can overtake the work laid out for it without great and permanent injury to this delicate and complex organ. Children are put in the worst ventilated houses which can be found in the country, and these too often are literally crammed with them. In this foul air they must study for hours at a time. Evening brings no relaxation for them, because a task needing several hours study must be done before bed-time, or early in the morning, and this becomes a dreary uninviting round "from weary chime to chime."

The above extract will be fully endorsed by every member of the medical profession who reads it. It needs no prophet to forecast the result of such forced mental work upon the young and tender, mental and physical organization. The brain, like the rest of the body, should be allowed to gather strength and capacity for the great struggle of life, and not be overpowered and weighed down in early life with a load it is unable to bear.

We notice, in reading, a few clerical and typographical errors, which mar the pages, and which, we presume, are due to hurried composition and careless proof-reading.

STIGMATA OF MAIZE, IN URINARY COMPLAINTS.

Dr. Dupont of Buenos Aires, communicates to the *Revista Medico Quirurgica* some interesting facts in relation to the therapeutic value of the above vegetable product, from which we transfer his ultimate conclusions, which are the following:

1st. The stigmata of maize have a most evident action, I do not say always favorable, nor in all the affections of the bladder, whether recent or chronic.

2nd. In acute cystitis from traumatism, as well as in blenorrhagic cystitis, they produce a very pronounced diuretic effect, with exacerbation of the pains. It is therefore preferable in these cases to abstain from their employment.

3rd. It is in *gravel*, uric, or phosphatic, and in chronic cystitis consecutive to gravel, and in mucous, or mucopurulent catarrh, that the best results are obtained. All the disagreeable symptoms disappear rapidly,—the vesical pains, dysuria, excretion of sand particles, ammoniacal odour, and the abundant secretions &c., &c.,

4th. Retention of urine disappears under the amelioration of those symptoms; but the employment of the catheter ought occasionally to be continued, should the bladder not completely empty itself.

5th. Several of the patients observed had used the customary remedies,—as turpentine, tar, mineral waters &c. The stigmata of maize have produced good results when the means previously used had not benefited.

It may be useful in certain cases to employ at the same time with the stigmata, the external measures indicated by the pathology,—as vesical irrigations with much water, by the double current catheter, also injections of solutions of tar, borax, silicate of soda; those of bicarbonate of soda if the urine be acid, or those of benzoic acid if it is very alkaline.

6th. Besides their effects in bladder affections, the stigmata produce the best results as a diuretic, entirely harmless, though very energetic in heart affections, albuminuria, and in general in all cases in which ordinary diuretics are indicated. We have known numerous cases in which the urinary secretion has trebled or quintupled in the first twenty-four hours, and others in which the medicine had been continued two and three months without any untoward result. It is to be stated, that the diuretics most in use, as nitrate of potassa, digitalis, squills &c., are not always convenient, or without risk.

ONTARIO ELECTION NOTES:—We publish this month the election addresses of several medical gentlemen who are candidates for the representation of their respective districts, in the Ontario Medical Council. Several new men have entered the field since our last issue. Dr. Freeman of Milton is out in opposition to Dr. MacDonald of Hamilton the president of the Council for the representation of the Burlington and Home Division. As the County of Halton has not yet sent a representative to the Council, Dr. Freeman claims that honor for the ensuing term.

Dr. Douglass of Port Elgin, at the request of the County of Bruce Medical Association, has con-

sented to become a candidate for the representation of the Saugeen and Brock Division. Dr. Orton M. P. of Fergus, has also been announced as a candidate for the representation of this division, and is meeting with good success, There are therefore four candidates in the field for this Division, viz.—Dr. Yeomans of Mount Forest, Dr. Stephens of Collingwood, and Drs. Orton and Douglass. They are all excellent men. Dr. J. Stewart of Brucefield has been brought forward by the County of Huron Medical Association, as a candidate for the representation of the Malahide and Tecumseh Division. He is a very good man, and we understand that Dr. Hyde has resigned in his favor. Dr. Edwards of London is also in the field for this Division, and it is only fair to him to say that he was one of the most useful members of the old Council. He always upheld the rights of the profession, and was strongly opposed to the arbitrary regulations of the Council, and for that reason, although ostensibly to save expense, his name was left off the Executive Committee by the wirepullers of the Council last year. We are also pleased to learn that Dr. McCargow of Seneca, the nominee of the Brant Medical Association, is a candidate for the representation of the Erie and Niagara Division, Dr. Henwood having retired. We have heard of no opposition as yet, and hope to see him elected. The elections will take place on the second Tuesday of June, and the first meeting of the new Council, on the second Tuesday of July, 1880.

McGill Medical College, Montreal.—The following gentlemen have received the degree of M.D.C.M. in this University:—N. Ayer, F. W. Church, J. Cahalan, D. K. Cowley, G. O. Dibblee, J. S. Edwards, C. DeW. Heard, A. Henderson, D. G. Inksetter, R. Logan, D. C. McLaren, B. E. McKenzie, W. McEachran, R. C. McDonald, J. A. McDonald, M. McNulty, R. J. Maas, L. D. Mignault, T. A. O'Callaghan, B. Pinsoneault, A. F. Pringle, H. E. Poole, F. W. Pulford, B. L. Riordan, A. M. Ruttan, G. T. Ross, J. O. Stewart, H. B. Small, J. Smiley, and H. Stevenson. Holmes Gold Medallist—J. A. McDonald. Prizeman—H. B. Small. Honorable mention—Stevenson, Henderson and Mignault.

Primary:—W. B. Burland, L. Campbell, E. Christie, W. Cormack, J. H. Carson, R. Dawson, A. H. Dunlop, W. S. Duncan, J. A. Grant, C. M. Gordon, J. B. Harvie, D. W. Houston, B. F. W. Hurdman, R. H. Klock, H. Lunam, A. McDonald, T. M. McLean, M. McNulty, F. H. Mewburn, W. Moore, H. O'Keefe, H. V. Ogden, H. E. Poole, T. W. Reynolds, J. Ross, W. H. Shaver, A. D. Struthers, A. Shaw, W. Stephen, J. C. Shanks, W. A. Shufelt, H. W. Thornton, J. E. Trueman, P. Vanier, G. C. Wagner, J. Williams; a few others passed on Anatomy, Chemistry, Materia Medica and Physiology respectively. Prizeman—J. Ross. Sutherland Gold Medallist—H.W. Thornton. Hon. mention—H. V. Ogden, R. Dawson, W. Moore, H. W. Thornton and T. W. Reynolds.

Prize in Botany—C. E. Cameron. *Practical Anatomy*—J. Ross. The prizes were presented by His Honor the Lieutenant-Governor (Dr. Theo. Robitaille) of Quebec.

Trinity Medical College, Toronto.—The following is the result of the recent examination in this school. The annual convocation for the conferring of Fellowship diplomas, Medals, &c., was held on the 26th ult.

Final examination for the Fellowship Diploma: J. Ellis, H. W. Rath, J. McWilliams, W. Beatty, H. W. Smith, L. B. Clemens, R. Wilson, W. W. Boyce, M. Martin, J. E. Shaw, R. Patterson, J. A. McNaughton, F. B. Lundy, T. C. Spence, E. F. Hatton, J. A. Hunter, R. McWilliams, N. McPhatter, D. A. McTavish, E. M. C. McIntosh.

Honor Men.—J. Ellis, Gold Medal; H. W. Rath, 1st Silver Medal; J. McWilliams, 2nd Silver Medal; W. Beatty, H. W. Smith, L. B. Clemens, and R. Wilson, Certificates of Honor.

Primary Examination: W. F. Peters, T. G. Brereton, A. C. Gaviller, J. C. Urquhart, J. Ferrier, F. E. Woolverton, H. R. McGill, H. Kerr, D. Lloyd, J. A. Macdonald, M. L. Cameron, C. M. Freeman, J. Walker and W. F. McLean.

Honor Men.—W. F. Peters, 1st Scholarship; T. G. Brereton, 2nd Scholarship; A. C. Gaviller, J. C. Urquhart, J. Ferrier, Certificates of Honor. Wm. Bonnar 1st. year's Scholarship.

Royal College of Physicians and Surgeons, Kingston.—The following gentlemen have successfully passed the professional examination in this school:—

Final.—H. H. Chown, B.A., J. G. Clarke, L. E. Day, C. R. Dickson, C. T. Empey, J. E. Galbraith, J. H. Knight, W. A. Lavell, M. McPhadden,

J. Odlum, H. H. Reeve, W. D. Reid, W. H. Waddell, and T. Wilson, B.A.

PRIMARY.—F. R. Alexander, J. H. Betts, R. Coughlin, H. N. Courtlee, J. M. Dupuis, W. J. Gibson, B.A., A. W. Herrington, J. Jamieson, D. A. Johnson, J. Knox, F. W. Koyl, H. N. Macdonald, D. J. McConnell, J. S. McGurn, E. Oldham, J. F. O'Shea, D. H. Rogers, S. H. Snider, T. J. Symington, and D. Wallace.

Of the primaries, Messrs Wallace and Gibson have been awarded the House Surgeoncy of the Hospital for the coming year, and Messrs Oldham and McGurn the Demonstratorship of Anatomy during the next session. Messrs. Rutherford, Betts, McCarthy and McConnell have been awarded special prizes for anatomical preparations, and Mr. Chown a prize of $75 for the efficient manner in which he has acted as Demonstrator of Anatomy during the past session.

CODE OF MEDICAL ETHICS.—In the present issue, we have published the code of medical ethics adopted by the Canada Medical Association, and presumed to be in force and observed by the members of the profession in Canada, but which we have reason to fear is in too many instances "more honored in the breach than the observance." Although nominally in force for a number of years, no effort has heretofore been made to bring it under the notice of the profession generally, and we venture to say that the majority of medical practitioners in the country have never read it. We have struck off a number of copies separately and in pamphlet form, for future use or for distribution among certain sections of the laity when such appears to be necessary or judicious, as the code alludes to the *obligations of the public to the profession*, as well as the duties of the profession to the public.

TRACHEOTOMY—INQUEST. — Drs. McKay and Scott, of Ingersoll, recently performed tracheotomy on a child suffering from croup. The patient having died, an inquest was held by Coroner Murray, M.D., at the instigation, it is said, of Drs. Bowers and McCausland, of Ingersoll. The medical evidence showed that the operation was justifiable, and had been scientifically performed. The parents were quite satisfied with the treatment of the case, and were much averse to an inquest. The jury pronounced the inquiry unnecessary and vexatious.

IRON AND PHOSPHORIC ACID.—Dr. G. P. Jones, of London, Ont., sends us the following note:—Two or three years ago I noticed an excellent prescription in the CANADA LANCET, containing equal parts of tincture of iron and dilute phosphoric acid with syrup. By using this formula, I find that any preparation containing tannin, or even the pure acid itself, can be combined with the iron without producing an inky mixture, which is certainly a great advantage. The following prescriptions will illustrate what I mean, the preparations being agreeable to the taste, free from any precipitate and readily prepared:—

℞—Tr. Ferri Mur.,
Acid Phosphorici, dil., *aa* ʒiij.
Tr. Digitalis, ʒiiss.
Syrup simp., ʒiv.
Aquæ, ad. ʒviij.—*M*

SIG.—Capiat ʒiv. ter die.

or ℞—Tr. Ferri Mur.,
Acid Phos., dil., *aa* ʒiij.
Tr. Nucis Vom., ʒiiss.
Syrup simp., ʒiv.
Aquæ, ad. ʒviij.—*M*

SIG.—Capiat ʒiv. ter die, ante cibum.

In making these preparations, the iron and phosphoric acid must be combined before adding the other ingredients.

PROPHYLACTIC TREATMENT IN DIPHTHERIA.—Dr. Buckham, of Flint, Mich., in the *Therapeutical Gazette*, March, 1880, recommends the use of quinine, chlorate of potassa and iron in full doses as a prophylactic in diphtheria. The idea occurred to him that the same constitutional treatment that cured diphtheria would prevent its development, and he has since used this treatment in several cases with entire success. He now asks the profession to further test the matter and report through the medical press.

VICTORIA UNIVERSITY;—The following gentlemen have passed the final examination in this University, and will receive the degree of M. D. at the convocation in May. — L. E. Sheppard, W. E. Hamill, C. McDonald, J. F. Dickson, G. H. Clemens, G. B. Thompson, J. Gordon, F. H. S. Ames, N. McKechnie, G. B. Smith, L. Munro, H. Meikle, H. Watt, J. H. Radford, G. L. Milne, J. B. Hunter, J. F. Glendenning, T. N. Greer, W. R. Sutherland, A. W. Campbell, J. M. Piper, and J. V. W. White.

BISHOP'S MEDICAL COLLEGE, MONTREAL.—At the recent professional examinations the following gentlemen successfully passed.

Primary—H. Bishop, B.A., prizeman; N. C. Smillie, W. DeMontpied, J. F. E. Tetrault, H. R. Wilson, and R. Labrie.

Final, M.D., C.M.—H. B. Chandler, gold medallist; J. L. Foley, prizeman, L. H. U. Gill, F. J. E. Tetrault, E. Labrie, and P. Dubé.

HARVARD COLLEGE STILL TO THE FRONT.—The medical Faculty of Harvard University are now contemplating the propriety of adding another year to the curriculum—making the medical course four years instead of three as at present. In the mean time it has been left optional with the student whether he will continue to crowd an impossible amount of work into three years, or spread his studies over the longer period, and reap the full advantages of all the instruction afforded him.

TORONTO EYE AND EAR DISPENSARY.—In our notice of this charity recently, we omitted to mention that the Dispensary is located at No. 65 Queen Street East, and is open to the poor daily at 10.30 a.m. Dr. A. M. Rosebrugh is the attending surgeon.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The preliminary examination for entrance to the study of medicine will take place in Montreal beginning on the 7th of May, and the meeting of the Board of Governors for granting licenses and other business on the 12th.

THE AMERICAN MEDICAL ASSOCIATION.—The 31st annual meeting of the American Medical Association will be held in New York, commencing on Tuesday, June, 1st, 1880. Members of the Canada Medical Association who may desire to attend can receive credentials on application to Dr. David of Montreal, general secretary.

CORONERS.—The following gentlemen have been appointed Assistant Coroners for their respective districts:—Chas. Chamberlain, M.D., of Leamington, for the Co. of Essex; A. Robillard, M.D., of Ottawa, for the Co. of Carleton; H. J. Saunders, M.D., of Kingston for the Co. of Frontenac; and D. McFayden, M.D., of Charleston Ont., for the Co. of Peel.

CORRECTION.—Among the names of examiners in medicine appointed for Toronto University mentioned in last issue, was Dr. E. C. Malloch, Ottawa. It should have been Dr. A. E. Malloch, Hamilton.

APPOINTMENTS.—Charles Sheard, M.D., M.R.C.S., Eng., has been appointed to the chair of Normal and Pathological Histology and also lecturer on Botany in Trinity Medical College, Toronto, and Dr. G. S. Ryerson has been appointed lecturer on Diseases of the Eye, Ear and Throat in the same institution.

Dr. J. H. McCollum, of Toronto, has been appointed surgeon to the 10th Battalion, Royal Regiment, (*vice* Dr. J. H. Richardson retired,) and Dr. R. A. Pyne assistant surgeon.

Dr. S. Z. Earle has been appointed to the Board of Health for St. John, N.B.

Dr. Irvine, assistant surgeon, has been appointed surgeon to the Montreal General Hospital, as successor to Dr. Bell.

J. H. Comfort, M.D., has been appointed Police Magistrate for the city of St. Catharines.

THERE is a good opening for a medical man in the village of Udora, Co. Ontario.

Books and Pamphlets.

LECTURES ON THE HUMAN EYE, IN ITS NORMAL AND PATHOLOGICAL CONDITIONS. By Adolf Alt, M.D., Lecturer on Ophthalmology and Otology in Trinity Medical College, Toronto. New York: G. P. Putnam's Sons. Toronto: Willing & Williamson.

This work contains upwards of 200 pages, and is the only work of the kind that we are aware of in the English language. In dealing with the subject matter of the work, the author first of all gives the normal structure of the part under consideration and then immediately follows with a description of the pathological conditions. The author confines himself entirely to the eye-ball itself, to the pathological conditions of which he has given special attention. The illustrations are all drawn from his own specimens, and the book itself is an elaboration of the notes written while lecturing on this subject at the New York Ophthalmic and Aural Institute in 1876 and '77. The only regret we feel in reading over portions of the book for review, is,

that the author has not also given the treatment of those affections of the eye which are so faithfully portrayed. This would, in our opinion, have very much enhanced the value of the work and rendered it more useful as a text-book for students attending a course of lectures on this subject. It is, however, a most admirable work, as far as it goes, and we cordially recommend a perusal of it to our readers.

THE ESSENTIALS OF ANATOMY. By Wm. Darling, M.D., F.R.C.S. Eng., Prof. of Anatomy in the University of New York, and Ambrose L. Ranney, A.M., M.D, Adjunct Prof. of Anatomy. New York: G. P. Putnam's Sons. Toronto: Hart & Rawlinson.

This work is designed, as the authors state, as a text-book for students and as a book of easy reference for the practitioner. It is well printed on good paper, and in general well arranged for convenient reference. The absence of plates, however, in a work of such pretensions is a serious drawback, and one which will militate greatly against the success of the work. At present it may be looked upon as a large note book of dry anatomical facts, put together with the particular object of aiding students in cramming as much knowledge of book anatomy into their heads as may be necessary to pass an examination on this subject. Prof. Darling's reputation as an anatomist, however, leads us to regard anything coming from his pen with respect, and although we cannot highly recommend the work as a text-book on this very important subject, we still think it a very useful work, and infinitely superior to any work we have seen on the Essentials of Anatomy.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By Geo. Henry Fox, A.M., M.D., New York. Nos. 7, 8, 9 and 10; $2 each. New York: E. B. Treat. Toronto: Willing & Williamson.

The parts before us represent the following diseases: Lupus,(2 plates); epithelioma,(3 plates); trichophytosis, (2 plates); lichen, (3 plates); kerion, lepra, molluscum, (2 plates); erythema, phtheiriasis, (2 plates); scabies, (2 plates), and porrigo. There are two parts yet to be published, making in all twelve parts to complete the work. The present numbers are quite equal to those that have preceded them. The work is a most valuable one, and has been well received by the profession, and particularly so by those who make a specialty of diseases of the skin.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By Thomas Addis Emmet, M.D., New York. Second edition, thoroughly revised. Philadelphia: H. C. Lea. Toronto: Hart & Rawlinson.

It is but a very short time since we reviewed this work, and we have little to add to what we then said in favor of the work. The author has most carefully revised every page, several portions have been re-written, some new matter added, and the work has thus been rendered still more worthy of the favor accorded it by the profession. We cordially recommend this edition to the readers of the LANCET.

BRAIN WORK AND OVER-WORK. By Dr. H. C. Wood, of Philadelphia. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

This little brochure is one of the series of Health Primers recently issued under the editorship of W. W. Keen, M.D., of Philadelphia, and published by Messrs. Lindsay & Blakiston. It is a most excellent number of the series, intelligently and well written, and contains valuable information for the people. It deals with such subjects as "General causes of nervous trouble"; Work; Rest in labor; Rest in recreation; Rest in sleep," etc.

PRACTICAL EXAMINATION OF THE URINE. By James Tyson, M.D., Philadelphia. Third edition, revised and corrected. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

It is only a short time since the second edition of this work was reviewed in these columns. No extensive alterations or additions have been made in the present edition, except the correction of some typographical errors and the introduction of some new cuts to replace older, more unsatisfactory ones. The work will be found a useful, reliable and convenient guide to the practical examination of urine.

Births, Marriages and Deaths.

At Warkworth, Ont, on the 25th March, Nicholas D. Richards, M.B., Warkworth, to Maggie, daughter and only child of James N. McCrea, Esq., M.D.

At St. Jean, Isle d'Orleans, Que., on the 7th December, 1879, Dr. Joseph Demers, in the 46th year of his age.

In Toronto, on the 1st ult., Dr. C. B. Hall, in the 65th year of his age.

In Kentville, N. S., Dr. John Struthers, in the 45th year of his age.

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Original Communications.

REMARKS ON SYPHILITIC IRITIS.

BY G. S. RYERSON, M.D., L.R.C.P., & S., EDIN., TORONTO.

Lecturer on the Eye, Ear and Throat, in Trinity Medical College, Toronto; late Clinical Assistant Royal London Ophthalmic Hospital, Moorfields, and Central London Throat and Ear Hospital.

Inflammation of the iris due to the poison of syphilis, is of frequent occurrence, and owing to its often painless and even insidious onset, it sometimes happens that it is overlooked until extensive adhesions have taken place between the iris and the lens capsule, and irreparable damage has been done. Hence, in all cases of syphilis, great attention should be paid to any eye symptoms which may arise, as an early recognition and prompt treatment of this affection are of the highest importance.

Iritis may occur as a symptom of congenital or acquired syphilis, and in all the stages of the disease. In the congenital form, it is most common in early infantile life, although it may occur at or after the seventh year, in connection with interstitial keratitis. Occasionally one sees tags of adhesion as evidences of intra-uterine iritis, but more commonly it occurs after birth. Like the iritis of acquired syphilis, there is often an absence of pain and dread of light. Mr. Hutchinson[1] has given us a number of aphorisms bearing on this subject, which are so pertinent that I cannot forbear quoting them here in full:

"1. The subjects of infantile iritis are more "frequently of the female than of the male sex.

"2. The age of five months is the period of life "at or about which syphilitic infants are most "liable to suffer from iritis.

"3. Syphilitic iritis in infants is often symmetri- "cal, but quite as frequently not so.

"4. Syphilitic iritis, as it occurs in infants, is "seldom complicated, and is attended by but few "of the more severe symptoms which characterize "the disease in the adult.

"5. Notwithstanding the ill-characterized phen- "omena of acute inflammation, the effusion of "lymph is usually very free, and the danger of "of occlusion of the pupil great.

"6. Mercurial treatment is most signally effica- "cious in curing the disease, and, if recent, in "procuring the complete absorption of the effused "lymph.

"7. Mercurial treatment previously adopted "does not prevent the occurrence of this form of "iritis.

"8. The subjects of infantile iritis, though often "puny and cachectic. are also often apparently in "good condition.

"9. Infants suffering from iritis almost always "show one or other of the well recognized symp- "toms of hereditary taint.

"10. Most of those who suffer from syphilitic "iritis, are infants born within a short period of "the date of the primary disease in their parents."

Iritis occurs in acquired syphilis rarely in the primary, more commonly in the tertiary, and most frequently in the secondary stage of the disease, in connection with skin and mucous eruptions. It may be the earliest secondary symptom, and then is usually mild; but more often it occurs between the third and sixth months after infection. It is also occasionally observed as a tertiary symptom, having been recorded as having occurred in the sixth year. Fifty to sixty per cent. of infected persons suffer from it.

Its onset is commonly painless and even insidious, aptly called by Fournier, "début froid." There is little dread of light; such a patient faces the light with eyes wide open, and hardly any flinching. Pain, if present, is worse at night, and is felt in the eye and around the orbit. A fine vascular zone of bright red vessels surround the cornea. That they are in the sclerotic and not in the conjunctiva, may be proved by the ability to move the conjunctival vessels by rubbing the lid without affecting the zone. It is said that a brownish tint of the vascular zone, as well as displacement upwards and inwards of the pupil, are characteristics

1. Syphilitic Diseases of the Eye and Ear, London, 1863.

of this form of iritic inflammation. Wells,[2] however, states that this is not the case, and that they are met with in persons free from syphilis. The cornea is generally clear, though sometimes keratitis is present. The aqueous humor is generally cloudy and has a peculiar dirty look; shreds of lymph may sometimes be seen floating in it. More commonly the lymph will be seen adhering to the iris, which is swollen or discolored, or the anterior chamber may be more or less filled by brownish, red or gray tumors. These are, according to Colbert, the gummata of Virchow; they spring from the fibrous groundwork of the iris, (parenchymatous iritis), and pushing the loose fibres aside, enter the anterior chamber. There may be two or more, and they may vary in size from that of a pin's head to that of a growth sufficient to completely fill the anterior chamber, and considerably raise the tension of the eye. I saw such a case at Galezowski's clinic in Paris in 1876. It was mistaken at first for diffuse corneitis, so perfectly was it applied to the inner surface of the cornea, and so uniformly grey was it. The oblique light, however, revealed its true nature. These tumors consist of fusiform cells, of newly formed cells and free nuclei. They do not differ in structure from ordinary gummy tumors. These tumors are considered characteristic of syphilis, but Wells[3] reports having seen a case of Mr. Critchett's, in which there were "well-marked tubercles, (*i.e.* gummata), without the slightest evidence of syphilis." May it not have been a collection of fluid in the parenchyma of the iris, which did not go on to suppuration? The existence of other affections of the eye at the same time, as retinitis, neuritis, corneitis, etc., tends to confirm the diagnosis.

To resume, the *diagnosis* depends on the insidious and painless onset; if there be pain, it is principally at night; a muddy aqueous humor, the existence of gummy tumors, the presence of other eye affections, and a history of chancre, skin eruptions, etc. The pupil is contracted as in other forms of iritis.

The *treatment* consists in the early and persistent use of a solution of atropine (grs. iv., ad. ℥ i). This gives rest to the iris, and by dilating it, prevents central adhesions Of mercurials, I prefer, as taught by Mr. Hutchinson, hydrarg. cum crêta, in grain doses, three times a day, until slight tenderness of the gums is produced. The pain should be combated by hypodermic injections of morphia, if very severe, or in ordinary cases, by an ointment to the brow, containing Ext. bellad. ʒi., ung. simp. ℥i. When atropine cannot be obtained, or is unreliable, these drops may be used, (Ext. bellad. ʒss. aq., dest. ℥i.) If the atropine does not seem to act well, two to four leeches should be applied to the temple. It will then be found to dilate the pupil rapidly. If the atropine, however, should still cause much irritation and swelling of the lids, it should be stopped at once, and sod. bibor. grs. x. aq. dest. ℥i. used instead, and when the irritation has subsided, atrop. sulph. zinci sulph. aa, gr. i., aq. dest. ℥i., should be used. When not contra-indicated by the irritation produced, atropine must be used frequently, every three hours, and in strong solution, grains iv—vi. to the ounce. If symptoms of poisoning should arise through idiosyncrasy, or from swallowing atropine by mistake, the best and most rapid antidote will be found to be subcutaneous injections of morphia (gr. $\frac{1}{8}$,—$\frac{1}{4}$), to be repeated, if necessary, several times in the course of a few hours.

Occlusion of the pupil, or iritic adhesions, may necessitate an iridectomy subsequently, and breaking down of a gumma, excision of the globe.

The *prognosis* depends on the diagnosis being made early, and energetic treatment being adopted. Under atropine and mercurials, the recovery is often complete. Should, however, in spite of treatment, occlusion of the pupil take place, or the gummata break down, then the prognosis is very grave as regards the eye. A mild case of iritis may only last three or four days, whereas a more severe one will exist for weeks. There is much less liability to relapse in specific iritis than in the rheumatic and gouty forms.

2. Soelberg Wells' Treatise on Diseases of the Eye, 1873.
3. Op. cit., p. 167.

IMPERFORATE RECTUM—OPERATION.

BY D. H. DOWSLEY, M.D., M.R.C.S., ENG.,
CLINTON, ONT.

Mrs. C—— gave birth to a male child November 15th, 1878. After the birth the child was examined, and all the apertures found apparently normal. On the following day, 16th, I received a

message stating the child was unable to urinate or evacuate the bowels, and that the nurse had given a dose of castor oil, but without effect, except to increase its sufferings. At my next visit I found the abdomen much distended, face livid, child in great pain, with considerable scrotal œdema. A very small sized silver catheter was carefully introduced into the bladder which contained but a small quantity of urine. The anus was then examined, and found, as before mentioned, apparently normal. A probe was then introduced into the anal aperture, but passed only about one inch. A large bougie was next passed and met with the same obstruction. Upon dilating the anus with a small bivalve speculum, no opening whatever was found, but an apparently perfect mucous membrane covered its blind extremity. Upon partially removing the lateral pressure which the speculum exerted, a slight longitudinal groove was observed, and upon distension again, a small whitish line, apparently non-vascular, appeared in the site of the slight groove just mentioned. Through this part of the membrane, I concluded to cut in search of the upper portion of the rectum, and after doing so to the extent of about an eighth of an inch, I encountered nothing but loose areolar tissue which I continued to separate through the speculum, by the aid of a tenotome. A few drops of blood here flowed, which was removed by a sponge dipped in a solution of chloride of zinc, when the bleeding at once ceased. After cutting through this loose tissue, a second somewhat tense membrane was met with, which appeared to bulge slightly, presenting a ridge instead of a groove, as at the first constricting point. This was at first simply scratched with the side of the tenotome until it yielded somewhat, when a distinct bulging was observed. A trocar and canula was then thrust through at the centre of the bulging portion, and upon removing the trocar, considerable gas escaped, followed by the contents of the rectum. About an hour after, the child urinated without difficulty. Patient was left till next morning, when a small bougie was passed. A bougie was passed through the constricting part daily until about the sixth day, when it admitted a No. 19 French. The scrotal œdema passed away in a few days. Each introduction caused a few drops of blood to flow for the first four or five days. Larger bougies were then introduced at gradually increasing intervals, until their use was no longer required. This treatment was continued for about four months, the bougies being introduced latterly at intervals of from two to four weeks. To-day the child is in excellent health, and has had no obstruction since March, 1879.

The length of the occluded portion of the rectum was about three quarters of an inch, and was composed of two tightly constricting portions, the first about an inch from the anus, the second an inch and three quarters, while between these two constrictions was areolar tissue, moderately loose, and requiring a knife for its division.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I understand that some of the candidates for re-election in the Medical Council have recently endeavoured to throw the blame of all the discredit into which a most foolish policy has brought the Medical Council, upon the schoolmen, or the representatives of the medical schools in that body. As a matter of simple justice, allow me to give an emphatic denial to such a statement as affecting myself and the institution I have the honor to represent. What has contributed largely and most unfortunately to making the council odious everywhere, to students and to medical men as well, is the most unwise adoption of a considerable number of utterly useless, and very arbitrary regulations, which have been, one by one, sometimes several at once, pressed with singular persistency until adopted. The one which audaciously robs students by retaining their entire examination fees is one of the worst of these, and the others have been already pretty fully discussed in your columns. The faculty of Trinity Medical School have no sympathy whatever with any of these unwise and arbitrary regulations, simply because they hope that the council may not only *last*, but become popular with the entire profession. They would like to see an increase in the number of the territorial representatives, and an early re arrangement of the most awkward and unwieldy districts now existing. They would like to see the term of office shortened, so as to enable the profession to pronounce in say three, instead of five years, upon the course pursued by the gentlemen elected. They advocate the publication of the proceedings of the

Executive Committee in the medical journals ; the submitting to the entire profession of every detail of the expenses of the council year by year, and the examinations being public, so far as to admit any professional man who wishes to be present.

As the representative of Trinity Faculty I have always advocated these views, and shall if again honoured with that position continue to do so. We have no selfish, or school policy of any kind to carry out, but we do most sincerely wish to make the council so evidently a benefit to the entire profession as not only to secure its permanence, but to rally medical men and students equally around it.

W. B. GEIKIE, M.D.,

Member of the Medical Council representing Trinity Medical School.

Toronto, May, 1880.

To the Editor of the CANADA LANCET.

SIR,—I noticed in a recent issue of the *Globe* a copy of a petition, said to be in circulation in Toronto, having the following preamble:—"Whereas, we the loyal subjects of her most gracious majesty Queen Victoria, do find that the Medical Act infringes on public rights, by interfering with the free exercise and enjoyment of religious profession and worship" (?) etc., etc.

Can it be possible, Mr. Editor, that anyone outside of a lunatic asylum could be found to write such trash? I am not a betting man, but I would not be afraid to risk a small amount that the foregoing preamble and its context is the production of some half-witted dupe of the *Clairvoio-Electro-Thero-Cura-Pathic* stripe,—a sort of hybrid no doubt,—a half free-love moralist and half abortionist. There are any number of the kind, spread not only over the city of Toronto, but scattered throughout different parts of the Province. The public cannot be too strictly protected against these would-be gifted scientists. They ply their trade by bluster and pretence, and attract the weak and credulous by their glittering pretentious signs, and wonderful stock of parchments, bought by the yard, from swindling institutions operating in some of the cities of the United States. One of these disease slayers and wholesale diploma possessors located himself in the town of Oshawa, for a time, under the patronage and fostering care of some free-love dentists. This connection afforded him excellent facilities for carrying on the special line of practice peculiar to his class. His peculiar treatment brought about such unexpected results (to his patients), that he had to migrate suddenly. Collingwood, I think, is his base of operations at present. The pole of his battery (so he said) would "snuff out any disease in a twinkling of an eye." His patients were principally confined to a certain class. He rubbed some, soaked some, stewed some, and applied artificial and animal magnetism to a good many. The latter, in some instances, had a wonderful effect, especially with innocent and unsuspecting females. However sceptical this electrifier may have been in Divine law, like the rival of Sarah Bernhart, he carefully complied with one of its injunctions, namely, "increase and multiply."

The Oshawa institution, like most of its kind, had a long scientific sort of title, and served at times as a sort of sanitarium for certain special jobs in the hands of his preceptor practising then in the vicinity of Markham, but now under exile.

The public are not competent to judge who should, or should not practice the profession of medicine, and are not, therefore, the proper parties to advise, or instruct the Legislature in such matters. It is to be hoped the profession throughout the Province will adopt active measures, if necessary, against any attempt to abolish, or modify, in any way, the protection to life afforded by the penal clauses of the Ontario Medical Act. Trusting the Medical Council will look sharply after the circulating petition, and also the class of imposters above referred to,

I am, very truly,

PRACTITIONER.

Oshawa, April 25, 1880.

To the Editor of the CANADA LANCET.

SIR,—How much longer are our medical students to endure the annoyance of having the President of one of our medical schools continued as Treasurer of the Ontario Medical Council? It is manifestly unjust to have any teacher in such a place, and very galling to the great majority of medical students to be compelled to pay their fees to a Treasurer who belongs to a school they do not attend. And it is passing strange that the Council should be so foolishly blind as to continue this annoyance year after year. Having had

students of my own strongly complain of this chronic wrong, I enter my protest and hope that this year will see the abuse reformed.

Very respectfully yours,

WILLIAM T. HARRIS.

Brantford, April 20, 1880.

Selected Articles.

ACONITIA IN NEURALGIA.

The affections known under the general name of neuralgia, which are so painful, and in the majority of cases so difficult to treat, have for a long time been the subject of constant investigation at the hands of a number of experimenters. Clinical experience has recently demonstrated the powerful anti-neuralgic action of crystallized aconitia, and the excellent results which have been obtained by the use of this remedy in the hands of Dr. Oulmont have fully confirmed the opinions in regard to it which have been already advanced. Aconitia, says Dr. Oulmont, is perfectly successful in such forms of facial neuralgia as are not correlated with other lesions, which are not intermittent, and which have not a well marked recurrence ; in other words, in those forms to which M. Gubler has applied the term congestive, and which are most frequently caused by exposure to cold. In such cases aconite produces a rapid cure within two or three days. Dr. Oulmont has even seen a case of facial neuralgia of seven days' standing, in which there was no well marked periodicity, and which resisted sulphate of quinine, yield instantaneously and permanently to a quarter of a milligramme of nitrate of aconite. The results are more marked and rapid in cases of recent neuralgia than in those of long standing. Examples are quoted, however, in which the affection had lasted for periods of one month, two months, and even five years, but which had yet been cured, the first on the seventh day, the second on the third, and the last in three weeks. Aconitia has also a distinct effect in secondary neuralgia, as, for example, in dental caries, otitis, paraplegia, etc.

Acute rheumatic arthritis may be successfully treated with aconitia. In four individuals to whom this remedy was administered in doses, at first of half a milligramme per diem, increased gradually to one and a half milligrammes, a cure was effected, once in eight days, and once in ten days. The temperature fell from 39° to 36°, and the pulse in proportion. In the other cases the cure was equally obtained, but only on the fifteenth and eighteenth days respectively, whilst the dose was raised to two and a half milligrammes. The antipyretic action, however, was equally well marked, whilst the temperature fell on the eighth and ninth days about two degrees. The results obtained by M. Gubler are also noteworthy. The results of four cases are published ; in these the patients were treated with hypodermic injections of half a milligramme once or twice a day, whilst half a milligramme of aconitia, which was gradually increased till this quantity was taken two to four times a day, was administered internally. In these cases a cure was effected upon the sixth, ninth, twelfth and thirteenth days ; in one case there was a slight stiffness of the joints. The influence of the remedy upon the painful symptoms was very rapid upon the second to the fourth days, whilst upon the fever it was slower, though not less marked. The effects are very remarkable, according to M. Gubler, in cases of neuralgia of the fifth.

Dr. Oulmont concludes his work with the statement that aconitia is a remedy of importance, since it acts in a certain definite manner upon the human organism, but from its activity it must only be employed in very small doses and at long intervals. Neuralgia is often accompanied by intermittent symptoms and well marked periods. In such complications quinine must be employed in addition to aconitia. On account of the energetic action of the remedy the susceptibility of the patient should be tested by administering, in the first place, three pills daily, each containing a fifth of a milligramme of crystallized aconitia in addition to five centigrammes of pure quinine ; one in the morning, one at midday, and one in the evening. If no alleviation of the pain is experienced on the first day, the dose may be cautiously augmented by a pill per diem, until a maximum dose of six in the course of twenty-four hours is attained, and in the majority of cases it will not be necessary to overstep this limit. If slight diarrhœa occurs, the dose must be reduced. Physiological experiments and clinical observations carried on in the Paris hospitals have shown us that these pills have a sedative influence upon the circulatory apparatus through the vaso-motor nerves, and it is concluded therefore that they are indicated in neuralgia of the fifth, in congestive neuralgia, in painful and inflammatory rheumatic affections, etc., etc.—*Practitioner.*

A MEDICO-LEGAL WARNING—HOW A YOUNG CLAIMANT MAY ARISE.

About two months before the period to which my article refers, I attended Mr. X——, who died of ischuria renalis. During his illness, his wife seemed to be assiduous in her attentions to him ; but I was subsequently given to understand that the feelings then exhibited were very different from those which had been manifested previously. I merely mention this fact, as its importance will immediately appear.

On the 29th of December last, I received a note requesting me to call on Mrs. X. sometime during the day. As no urgency was expressed and I had many other patients to see, I did not make my professional visit to her till the afternoon. On entering the room in which she lay in bed, I was astonished to see a nurse sitting before the fire with an infant in her arms, and expressed to my patient my deep regret at not having called sooner; but at the same time I explained that I had no idea that it was a case of confinement to which I had been summoned, as there was no mention of it in the note, and as I was not even aware that she was pregnant. I was much pleased to witness the kindly spirit in which she received my explanation, especially when I thought of the severe pangs of childbirth through which she had just passed without any friendly obstetrical hand having been stretched out to help her. On making inquiries as to the time at which the child was born, I was still more astonished to learn that the event had taken place on the previous day at 5 p. m.; but, as that day had been very boisterous, I discovered that the same considerate kindness had prompted her rather to suffer the pains alone than to expose me to the inclemency of the weather. She informed me also that the child was born before the arrival of the nurse, and that a neighbor had kindly performed for her the necessary duties. I at once told her that no condition of weather would have prevented me from being with her, if she had only sent for me.

Up to this point, no suspicion of anything being wrong ever entered my mind; but, on now reflecting on all the circumstances of the case—the information which I had previously received regarding Mrs. D.; the fact of my never having observed any indications of pregnancy at the time of her husband's death; her never having bespoken my attendance at her approaching accouchement; and the extraordinary amount of consideration for my comfort, which had overborne all the pangs of a first labor, etc.—I began to think it possible that some deception was being attempted to be practised on me; and, having sent the nurse into an adjoining room, I proceeded to make an investigation of the case, on the pretext of seeing that she had been judiciously attended to. As her usual condition was that of anæmia, no special information could be gained from her appearance. The binder was properly applied, and the chemise was properly stained with blood; but, on making an internal examination, the condition of the parts at once proved to me that no birth had taken place on the previous day; and I therefore immediately said to her that the child was not hers, and that she had not borne it. In reply, she assured me with a solemn oath that the child was hers, and that she had borne it on the previous day. I repeated my statements, and told her that she need not attempt to deceive me; but she again as solemnly as before denied my assertion. I then recalled the nurse, and, on examination of the condition of the remains of the cord, found that the age of the child did not correspond with the date which was assigned to its birth. Having again dismissed the nurse, I informed the patient of this fact, and asked her if she still adhered to her former statement; to which she now in a somewhat modified tone replied, "Do you say that it is not mine?" I then informed her that I was perfectly certain that such was the case. In a low voice, she then attempted to bind me over to secresy, to which I would not consent, and gave her to understand that, if she did not give me a true account of the matter, I should call in the aid of the authorities. She now confessed that the child had been born by an unmarried woman in Leith Walk, whose name and address she gave me, and which I afterwards proved to be correct. The real mother had given birth to the child a day before this spurious one took to bed; and subsequently discovered that, though this latter had, by her own account, given birth to the child at five, the arrival of the baby at its destination did not occur till between seven and eight o'clock.

I need not here enlarge on the equivocations, prevarications, direct falsehoods, and manifest contradictions, by which she sought to assign a reason for the course pursued. Suffice it to say that perhaps the most touching of all was that she wanted a baby on whom to bestow her love. So exuberant in her case was this maternal affection, that it embraced even the after-birth, which, as I subsequently learned, had been requested to be sent along with the child, and seemed to have been as ardently desired as it. The following circumstance, which has since been communicated to me by a gentleman who was a friend of her late husband, will be seen to supply the true motive for the act. Mr. X. had left some property, and, as he had died intestate, she was of course only entitled to the widow's third; but, had she succeeded in her scheme, her husband's relatives would have been defrauded of their lawful rights. I have learned that, at the death of her husband, she had informed the gentleman to whom I have referred, and her husband's law-agent, that she expected to be confined in two months from that date; and thus the property had been tied up in expectation of this important event.

I at first suspected that the nurse was *particeps criminis;* but, on further inquiry, I was satisfied that she had been duped by the deep-laid scheme, of which her absence at the so-called parturition was a valuable factor.

I have called this a deep-laid scheme, and with what justice I have done so the following considerations will prove:

1. Her announcement to the legal agent, etc., that such an event was expected at such a date;

2. The date thus mentioned corresponding to her menstrual period:

3. The careful selection of the child, whose birth must correspond to that period; so that the available time was comparatively limited.

4. The method taken to secure the services of a respectable nurse, without admitting her to her confidence:

5. The long delay in summoning the nurse, as the placenta, though earnestly desired, had not been obtained, it having been thrown on the fire in the room in which the child was born immediately after its birth.

There is yet another phase in the plot which I have accidently learned, viz., the hope which she from time to time expressed that the expected baby should have blue eyes. Though her wishes, of course, could not determine the result, I immediately suspected her motive, and ascertained from her brother-in-law that the color of the eyes of her late husband, when an infant had been light-blue; and that the blue predominated in after-life. The substituted child really had blue eyes, so that his claims to be the heir of *his deceased father* would have had another corroboration.

I have thought it right to record this case; for though it is the only instance of the kind which, to my knowledge, has occurred in my practice, extending over twenty-eight years, it is only due to my professional brethren to put them on their guard as to the possibility of such an occurence in cases of confinement in which they happen not to have been present during any of the stages of labor. To ask for a sight of the placenta, and to examine the abdomen of the child, would in most instances be reckoned all that was necessary to give full satisfaction; but even these might, in the case of a dexterous deceiver, fail to expose the fraudulent action.—Thomas A. G. Balfour, M.D., F.R.C.P.E., Edinburgh, in the *British Med. Journal.*

ASPIRATION FOR ABSCESS OF THE LIVER.

At the last meeting of the Medical Society of Virginia, Dr. J. Marion Sims read a paper on abscess of the liver (Virginia Medical Monthly for January, 1880). In it he gives an account of the operation by Dr. W. A. Hammond, of New York, on Dr. E. S. Gaillard, the well-known medical journalist, who was relieved of a very uncomfortable series of symptoms by the aspiration of an abscess in the right lobe of the liver, which Dr. Hammond had diagnosed from brain symptoms only. He also relates the subsequent history of another case operated upon by Dr. Hammond. The patient recovered health, went abroad, and having a recurrence of his former symptoms, by advice of Dr. Sims, consulted Dr. Brown-Séquard, who said positively that he had never had abscess of the liver. Subsquently a physician in the south of France wrote to Dr. Hammond for information, and having the history confirmed, repeated the aspiration with the same satisfactory results as before. Dr. Hammond has aspirated the liver for abscess twenty-six times in the last two years, and has drawn off pus in fifteen of these with good results to the patient's health. In the other eleven cases no bad effects followed the operation. He was, it is believed, the first to introduce this operation for the relief of the special hypochondriacal and cerebral symptoms often met with in this country and rebellious to all other treatment, and with the success that has followed it in his hands its employment is a notable advance in therapeutics. His method of diagnosis is to place the patient on the back, put the points of the index and middle fingers of the left hand between the eighth and ninth ribs, a little in advance of the line falling from the middle of the axilla; then by gentle percussion at a point about two inches above the umbilicus, a little to the right of the median line, fluctuation may be detected by the fingers of the left hand. His method of operating on the right lobe of the liver is to pass the aspirator needle, antisepticised with carbolized oil, through the intercostal space between the eighth and ninth ribs, and about an inch forward of a line dropped from the axilla to the pelvis, pulling up the skin beforehand so as to make a valvular opening. It may penetrate the liver one and a half to two and a half inches; if no pus is met with at the latter depth, it may be concluded that no abscess exists. Abscesses, it is claimed, rarely occur elsewhere than in the right lobe.

Dr. Hammond's original paper on this subject was published in the *St. Louis Clinical Record*, June, 1878. We reproduce his nine propositions there enunciated:

1. That hepatic abscesses are probably much more common with us than is generally supposed.

2. That they may exist without any local symptoms, or such general disturbance of the system as is commonly regarded as indicating their presence.

3. That they may be associated with hypochondria and other evidences of cerebral disturbance.

4. That they should be opened at the earliest possible moment, and without waiting for adhesions to form between the liver and the abdominal wall.

5. That the proper place for performing the operation of aspiration is in one of the intercostal spaces. This point is strongly insisted upon by Dr. Davis in his memoir.

6. That the operation by aspiration is free from danger. Dr. Davis never saw any ill consequences from it, and Dr. Jiminez, of Mexico, states that of the hundreds of times he has punctured the

liver through the intercostal space for abscess, he has never once seen the operation followed by peritonitis. In a very admirable paper Dr. Tauszky, of New York, expresses the same opinion.

7. That in all cases of hypochondria or melancholia the liver should be carefully explored, and that, even if no fluctuation be detected, or any other sign of abscess be discovered, aspiration, being a harmless operation, should be performed.

8. That if pus be evacuated the operation may be expected to be followed by a cure of the mental disorder, as well as by the preservation of the life of the patient from the probably fatal consequences of hepatic abscess.

9. That if no abscess be found the patient will at least be no worse off than he was before.

The paper of Dr. J. C. Davis, alluded to above, appeared simultaneously with Dr. Hammond's first publication in the *New York Medical Journal* for June, 1878.—*Chicago Med. Gazette.*

TYPHOID FEVER AND THE SO-CALLED SPECIFIC TREATMENT—SPINAL SCLEROSIS.

The first patient brought in this morning will be the case of ambulant typhoid which was presented to you a week ago. As I told you then, such cases are rather rare. When we saw him at that time, it was the case of a man going about suffering from inflammation and ulceration of the glandular patches in the small intestine near its termination, which are the characteristic lesions of typhoid. The risk is so great in these ambulant cases that we could not allow the patient to continue going about; perforation and peritonitis would be liable to occur, and a fatal issue would naturally result. He was put to bed, and since then he has exhibited the characteristic fever of a remittent type, which we recognize as typhoid fever. The fever of typhoid is said to be of the continued type, but it is so only relatively, not absolutely. In health, as you know, there is a daily fluctuation in the bodily temperature, which attains its maximum in the early evening and its minimum in the early morning hours. The fever of typhoid shows the same variations—an evening exacerbation and morning remission. During the first week of the fever the morning decline is exceeded by the evening rise until the maximum is attained in the second week, toward the end of which we observe the morning remissions becoming more marked, until the temperature returns to the normal in the fourth week.

Upon the day of admission this man's temperature was 104° F. in the evening. You remember I told you that if the temperature did not go above 102° F. we would not interfere, but if it rose above this point we would rely upon a full dose of quinine for an antipyretic action. The resident physician very properly gave him twenty grains that evening with decided effect. Now, the excursions of the temperature record are less—as it is the third week—preparatory to convalescence, which is nearly at hand. He has only two evacuations per diem; his tongue is cleaning, although still raw and glazed, and the hebetude is passing away. You must be struck with the improved expression and intelligent appearance of his countenance, and you notice that his mental condition is brighter than at the beginning.

There was a plentiful crop of the peculiar rose-colored erythematous eruption of typhoid. It is now disappearing, but still can be recognized. The distention of the abdomen and gurgling in the right iliac region are also less. Notwithstanding the diminution of the gurgling there is still some tenderness, and our patient is not yet free from danger. Notwithstanding the fact that it was a mild case, there may ensue a perforation of the intestine with serious results; we shall therefore still carefully attend to his diet, and keep him strictly in bed. While these ulcers of the intestine are only partially healed, if he were careless and ate indigestible food, a sudden development of flatus might distend the bowel, and cause a rupture and fatal collapse or peritonitis. This accident may occur both in light and in grave cases of typhoid fever, but it is a remarkable fact that perforation is more liable to take place in the ambulant cases than in the severer forms, and may be produced by a single apparently insignificant ulcer in the intestine. We should therefore always insist upon these precautions as to rest and diet in each individual instance of typhoid fever, although it may not be a very marked case of the disease.

In regard to the treatment, I have said that when the temperature rose we gave him a full dose of quinine with the desired antipyretic effect. He has had the so called scientific treatment of Lugol's solution, five drops three times a day, well diluted. Upon this he has done very well. I pointed out, in the previous discussion of the case, that there were two main points in the mode of treatment, termed by the Germans the specific treatment for typhoid fever: calomel given early in the disease in ten-grain doses for three or four days during the first week of the disease; and the administration of iodine, either in the form of tincture or Lugol's solution. The latter form is preferable, and it is that which this patient has been taking.

From experience in other cases I consider the above method certainly an advance in the treatment of typhoid fever. It is not termed specific on account of any influence it has directly upon the typhoid fever, but from the power of the iodine to destroy the germs of the disease in the discharges of the intestinal canal, on account of its well-known antiseptic properties. The propagation of typhoid

is due to a peculiar *materies morbi*, which is supposed to be in the alvine discharges, and which subsequently finds its way into our bodies with our food or drink, or even through the inspired air, and there reproduces the disease. The mode of action of iodine upon these ferments has led to the supposition that it would be a useful agent in the treatment of typhoid, and experience has confirmed this view.

POSTERIOR SPINAL SCLEROSIS.

As this man walks in the arena, notice his peculiar method of locomotion. Observe his gait, the manner he has of swinging his foot around, describing a semi-circle, bringing his heel down with considerable force; he treads with weight, making some noise in walking. This affection gives a man rather an imposing gait, unless the difficulty is very far advanced.

Now, from the inspection of the man's gait, who will make a diagnosis of the case?

Let us note his history. The disease has existed for a long period, at least five years, and it was preceded and subsequently accompanied by acute neuralgic pains in the lower extremities, which he describes quite correctly as "lightning pains shooting down the legs." He also complains of a feeling of pressure or stiffness in the muscles of the calf; he has not noticed the sensation of a constriction tightly around his limbs, like a cuirass closely binding them, as is sometimes experienced in these cases. He has decided disturbances of sensibility in the lower extremities, especially a marked degree of numbness. To determine the physical condition of the parts, we will now have the limbs stripped, and apply certain tests to ascertain whether we shall obtain the normal reactions or not. We shall follow certain methods to determine accurately the condition of the muscular and other parts of the limb, and, indirectly, the general nervous system, to see if it shares in the affection. What are these methods? In the first place, we test the power of motion; interrogating the muscles to see if their mobility is impaired, and if so in what respect. This point we shall now ascertain. You have noticed that in walking he moves the limbs abnormally, and we ask, is this because they are weak, or is it simply disordered motion?

As he lies on his back, now, he kicks with vigor, although the movements are badly directed. As I now grasp his leg, with the knee partially flexed, I find that he uses considerable power in attempting to extend the limb; there is no muscular paralysis. The trouble in walking is, therefore, not due to want of muscular power, but to want of co-ordination in the muscles, which makes his movements appear awkward. This loss of co-ordination is observed even when he directs his attention to his efforts, but when his attention is called off, or his eyes are shut, the condition becomes more marked; therefore we say that both voluntary and automatic co-ordination are disordered. I have pointed out to you that the mechanism in walking is partly volitional. In ordinary walking we are not conscious of any effort in using the muscles, but our attention is free for other objects, while the muscles regularly and rhythmically perform their functions, deriving their innervation from the spinal cord; these movements are automatic. If I should take up a pen to write, and there happened to be want of co-operation of the muscles, I would be unable to write intelligibly; the voluntary action would be affected, while the brain (apart from the special cortical centre for written language) would be intact. Applying our test to the patient, we find that if we talk to him while he walks he cannot walk well, but staggers; but when he directs his attention to the effort he is making he can walk better.

In order to walk with success, it is essential that sensibility should be unaffected, so that we can feel the resistance of the ground, or the surface we walk upon; we must be conscious of the feet pressing upon the ground. If this is imperfect, our movements are disorded. Therefore it is that plantar anæthesia plays a large and important part in the troubles under discussion. We find that ordinary tactile sensibility, sensibility to heat and cold, and perception of pain—which are entirely distinct properties of sensory nerves—are not always equally affected. Let us try the sense of touch, for which we use the æsthesiometer, a pair of compasses with sharp points. At the same time that we ascertain the accuracy of his tactile impressions, we will also learn the rate at which impressions are transmitted to the cerebral centres. You know that even in health we do not perceive peripheral impressions immediately; it is only apparently so, although we think we recognize them at once. In this case, asking him to tell us when I touch his foot with the point of the compasses, you notice that the transmission of impressions is delayed; they take a longer time than in health to reach the brain. There is a perceptible interval between touching the surface and his perceiving it; we may say, therefore, that the transmission of tactile impressions from the surface to the centre is retarded. Now try his ability to distinguish heat from cold. Applying in succession hot and cold sponges, we find that he faithfully interprets temperature, and he is correct in his replies; he can distinguish heat from cold. Testing his appreciation of pain by pricking him with the points of the æsthesiometer, we learn that there is actually less numbness in the plantar surface than in the legs, although the perceptance of pain is sensibly impaired in both regions.

With the æsthesiometer two points are felt as one, one and one-half inches apart on the dorsum of foot; on the leg they are felt as one at two inches; so that the tactile sense is impaired, but not abol-

ished. Sensibility to touch, pain, temperature, we may, therefore, say is present, but is impaired.

This examination changes to some extent my opinion of the locality of the lesion in the spinal cord. I was disposed at first to locate the disease in the antero-lateral region, but as the disorder is mainly that of co-ordination the lesion must be located farther back, and mainly in the posterior columns.

His difficulty in walking is not so much due to the want of sensibility in the plantar surface, which at first suggested itself as the explanation, as to the marked want of co-ordination in the muscles concerned.

The electrical examination is necessary to complete our study of the case. You see the muscles respond perfectly to the faradic current, and contract energetically to a moderate current.

In the early stage of posterior spinal sclerosis, you remember that the disorder, as a rule, manifests itself first in the lower extremities, and afterwards extends to the arms in the second stage, or, in the opinion of some writers, in the third stage. Our patient has no trouble in his upper extremities; he can use his knife or fork in eating, and button his own clothes without difficulty. We infer that the disease is in its first stage, and has not involved the upper part of the spinal cord. What confirms our opinion as to the diagnosis and the localization of the affection in the lower part of the cord is the fact that the sexual functions are recently impaired; he has not had an erection for some time, and lately has had some nocturnal seminal losses. This sexual impairment generally belongs to the early symptoms, and usually precedes, rather than follows, disturbances of motility.

The disease is therefore still limited to the lower part of the spinal cord, and as the power of co-ordination resides in the posterior part of the structure we conclude that it involves mainly the posterior columns, making it a case of posterior spinal sclerosis, which now explains fully the attacks of fulminant pains that have so long annoyed him.

In considering the question of treatment, we find a general agreement of opinion among authorities that, as regards therapeutics, the condition is not encouraging. No one will dispute this who has had anything to do with the disease. The best results obtainable—palliation of symptoms and the arrest of the disease—are perhaps secured more satisfactorily with phosphorus than anything else. It should be given for a long time and in small doses (about one hundredth of a grain), for which cod-liver oil is a good vehicle. Some curative results have been obtained by this treatment. In order to maintain the nutrition of the parts affected, a weak continued current should be applied from the spine to the lower extremities; although this will have no effect upon the diseare, it will materially relieve the pain. He shall therefore have the constant current daily, in conjunction with the internal administration of phosphorus dissolved in cod-liver oil, of which he should take a teaspoonful, containing one hundredth of a grain of phosphorus, three times daily, after meals.—Clinic by Prof. Bartholow. *Cin. Med. News:*

THE THERAPEUTICS OF ACUTE RHEUMATISM.

1. In the feeble, anæmic, nervous subject, he gives tinct. ferri chlor. *M.* xxx., every four hours; orders the joints to be kept at rest, wrapped in cotton if the patients desire it; and if they are very painful, small blisters (the size of a silver dollar) to be applied around them. An occasional laxative of Rochelle salt is added. The iron cuts short the disease, lessens the danger of cardiac complication, and also has the power, as Anstie pointed out, of preventing impending attacks. The blisters relieve pain, and bring about a more alkaline condition of the blood and urine. Thus treated, cases of this type rarely last more than two weeks, heart complication is infrequent, convalescence is rapid and relapses uncommon.

2. Fat and flabby subjects require the alkaline plan:—Two drachms of potassium carbonate, ½ drachm of citric acid and four ounces of water every four hours, until the urine ceases to be acid, when the amount is to be reduced one half, the reduction being then continued daily until the fourth or fifth day, when, if the urine continue alkaline, quinia (six grs. every four hours), or preferably tinct. ferri should be added. If the attack is severe, blisters are applicable. With this treatment, this class get well within two weeks.

3. Vigorous subjects, often with hereditary tendency. These cases are often promptly relieved by salicylic acid, in scruple doses. Not less than ʒij. should be administered in twenty-four hours, and considerably more may be required. It is more effective given in solution with an excess of alkali. A cure is thus not infrequently effected in three or four days, but some stomachs can not bear it, and if it depress the heart it must be stopped. If after three or four days it produce no improvement, it is useless to persist in it. In all forms the diet should be liquid. Opium is objectionable by checking elimination; atropia promotes elimination, and is therefore preferred as an anodyne, being given hypodermically in the neighborhood of the affected joints, and it is rarely to exceed gr. $\frac{1}{60}$ a-day.

Should cardiac complication arise, the carbonate of ammonia (g. v. doses frequently), and infusion of digitalis, with hypodermic injection of morphia, should be given at once, to dissolve fibrin, check inflammation and lessen the work of the heart. When the acute symptoms have subsided, substi-

tute iron and quinine for the ammonia and morphia. Experience also shows a blister on or near the præcordia to be useful.

In the sudden hyperpyrexia (fortunately very rare), where the temperature leaps without cause to 106°–109° F., the cold bath is necessary to ward off certain death —*Prof. Bartholow in Med. News and Abstract.*

TREATMENT OF HÆMORRHAGE.

Dr. A. L. Ranney, in the *New York Medical Record*, gives the following concise rules for meeting all possible indications in the treatment of hæmorrhage :—

(1.) Always ligate the bleeding vessel in moderate hæmorrhage when convenient to do so. (2.) Use compression over the wound on the main trunk in moderate hæmorrhage when ligature of the wounded artery is inconvenient. (3.) In violent hæmorrhage enlarge the wound and tie the artery. (4.) As a rule never attempt ligation except when bleeding actually exists. The exceptions to this rule are, (*a*) in exposed vessels of large calibre demanding ligature as a safety measure; (*b*) in delirium tremens following an injury; (*c*) when necessity for transportation exists. (5.) Ligation should, as a rule, be applied at the bleeding point, and not remote from it. (6.) Use the external wound as a guide to your incision to reach the vessel, except when the wound exists on the side opposite to the vessel injured, when a probe may be cut down upon. (7.) Always use the greatest precaution to avoid needless loss of blood in reaching the vessel until the fingers can compress it. (8.) The artery when found should be tied above and below the wounded portion, and at a bifurcation three ligatures shou'd be used. In case the lower end cannot be discovered, use compression in the wound as a substitute for ligature. (9.) A ligature should not be placed close below a large branch. (10.) In recurring hæmorrhages the treatment should depend on the color of the blood and on the severity of hæmorrhages. If the hæmorrhage springs from the proximal end of the artery, (*a*) tie if possible; (*b*) amputate if necessary; (*c*) use styptics and compression if both are impossible. (11.) Amputation is preferable to ligature, (*a*) when great swelling of the limb renders ligation difficult; (*b*) when exhaustion of the patient forbids further search for the vessel; (*c*) when competent assistance is needed and not attainable. (12.) In case a large vessel is injured without actual hæmorrhage, hot flannels to the limb are indicated as a preventive measure. (13.) In case an aneurism is the seat of the hæmorrhage,—provided the aneurism is traumatic in its origin,—it should be treated on the same principles as if it were a wounded artery.

THE FORCEPS, VERSION, AND THE EXPECTANT PLAN IN CONTRACTED PELVIS.—Dr. Wm. T. Lusk read a paper on the above subject before the New York Academy of Medicine, Dec. 18, in which he considered the management of labor in three varieties of contracted pelvis: 1. The flattened, non-rachitic pelvis; 3. The pelvis equally contracted in its principal diameters. The intent of operative interference was to save the child's life; in dead children, craniotomy held equal advantage. No case was known of a living child being delivered at full term where the conjugate diameter was less than 2¾ inches. If this diameter was 3½ inches or more, no interference was demanded. Discussion should be limited to pelvis between these diameters. With such a pelvis, a cervix fully dilated, a favorable presentation and no complications, the expectant plan was the best. Version was indicated only when the child was nearly in the normal condition, the contraction limited to the brim and sufficient space in the transverse diameter. Extreme traction force in version might fracture the clavicle, humerus or skull, and produce other serious injuries to the child. He gave records showing for version a saving of 31 living infants out of 43, and all the mothers; for forceps, high operation, head above brim, 40 per cent. of children and 60 per cent. of mothers; for expectant plan 354 out of 407 children and all the mothers but 12. He described the Tarnier forceps, which he had modified somewhat, and claimed with them to be able to bring the head of the child from the brim to the floor of the pelvis in much less time and with less force than by any other method.

[The Tarnier forceps have extra traction handles curved posteriorly in order to admit of traction more in the axis of the superior strait.—ED. L.]

Dr. Isaac L. Taylor believed that, in the superior strait, the Tarnier forceps were not so good as the straight forceps. Within the limits mentioned by Dr. Lusk—2¾ to 3½ in. conjugate diameter—there was a vast difference of opinion among prominent obstetricians as to the best method of procedure in such cases. Dr. Lusk, in his demonstration, has applied the forceps over the occiput and face of the child. There was a difference of opinion also as to whether the application of the forceps in this manner was the best, some favoring it, and others, as Hodge, Wilson and others, applying the blades directly to the sides of the head. Dr. Goodell recommended to apply the instrument with one blade against the pubis and the other against the sacrum, but Dr. T. did not believe this had ever been done. Dr. Taylor rejected *in toto* the application of the forceps over the occiput and face and there was no advantage in doing so in a simple flat pelvis. More space could be obtained by bringing the coronal suture in contact with the promontory of the sacrum and applying the forceps

in the oblique diameter of the pelvis. The head could be fixed in that position by the straight forceps. Moderate compression was made, it was true, but it was not made antero-posteriorly—to which he was opposed in all cases—but upon the parieto-frontal portion. The important point was to know how to handle the base of the skull. If this came in contact with the sacrum and the straight forceps were applied, the operator being on the floor making traction, the instrument acted in the same manner as the Tarnier, downwards and backwards, and with to-and-fro movement at the will of the operator. If the head did not yield, version could be employed, to be decided on by the size of the child, of the fontanelles, etc. The chief point, as he regarded it, was simply whether with a head presentation and dilated os in a contracted pelvis, it was proper to attempt to deliver with forceps. He did not object to the attempt, but after making two or three reasonable efforts, and failing, version should be resorted to, aided by external pressure, which was here of the greatest importance.

Dr. T. Gaillard Thomas felt compelled to say that statistics had but little weight with him. He often thought of Sydney Smith's remark, "That there is only one thing more unreliable than figures, and that is, facts." In a case of labor in contracted pelvis, not below 2¾ inches antero-posteriorly, expectancy, at the beginning should invariably be practiced ; even though convinced that the forceps must end it. The forces of nature should be allowed to mould the head and change its shape, and then the case might be terminated favorably ; whereas, too early use of forceps might produce terrible results. So long as the fœtal heart beat regularly, the maternal soft parts were cool and moist and the pulse between pains not accelerated, we could safely trust to expectancy. When the pulse became rapid, the temperature increased and the dangers of continuous pressure imminent, expectancy became a crime. In a case in good condition the question arose, "Shall the woman be delivered by the forceps or by version?" There was no other operation at our disposal. His convictions were: If the uterus did not clasp the child's body so firmly as to render turning exceedingly difficult, or the waters had not been so long evacuated that the result of turning would probably be dangerous from forcing the hand up to the fundus, with the head above the superior strait or entered into it to some degree, version, as a rule, admitting of exceptions, was the suitable operation.

If the child had fairly entered the cavity of the pelvis so as to be fixed—rendering version unusually difficult—then the forceps should be selected. But having elected either operation, the choice was not final. Having failed with the forceps after using a justifiable degree of force, version might still be employed ; or, version failing, the forceps might be used.

He thought that Tarnier's forceps was a great improvement on older instruments, but did not believe they would come into general use.

Dr. Fordyce Barker considered the vital condition of the woman as an element to assist in deciding between forceps and version ; version producing more shock. There were certain rules relating to these cases which he regarded as established.

1. In that form of contraction of the superior strait called the oblique oval of Naegele's the forceps should not be used, but always version.

2. In that class of cases in which the contraction is at the inferior strait, with a straight sacrum, narrowness of the sub-pubic arch, etc., we should never resort to forceps, but always select version, if we can make the election by a sufficiently early examination.

3. In face presentations we should never use forceps when the head is above the superior strait and not engaged.

He would not say that the forceps should never be applied when the head was not engaged at the superior strait, for he had safely delivered several women, where it was necessary to save the mother's life, when the head was lying loose, not engaged at all. But if the face presented, he would not use forceps. He had, in three cases when the face had become engaged in the strait, delivered by the forceps by first flexing the head and converting it into a vertex presentation and partially rotating it ; then taking off the blades, he had reapplied them as if it was a vertex.—*New York Med. Record.*

NERVE-STRETCHING OF THE SUPRA-ORBITAL IN NEURALGIA.—Dr. Masing relates (*Petersb. Med. Woch.*, December 20) the case of a woman, sixty years of age, who suffered for some years from fearful facial neuralgia, almost every branch of the fifth pair being implicated. No remedy had afforded other than temporary alleviation, and when she came under the reporter's care he determined to try the effect of stretching the supra-orbital nerve as being the only one of those implicated that was accessible. This was done January 30, 1879, the nerve hanging in a loop outside the orbit, and from that time all the most terrible symptoms ceased, and the patient progressively improved, so that by October 6 she was pronounced completely well, having undergone a relapse, brought on by cold, in April, which a few eight-grain doses of quinine mastered.

Dr. Goodell thinks laceration of the cervix uteri is frequently caused by premature rupture of the bag of waters. It is likewise produced by the forceps and, again, by attempts to push the upper lip of the os over the child's head. One-sixth of Goodell's women patients have laceration of the cervix. He thinks this is due to too much interference.

LITHOLAPAXY.

Litholapaxy is the name of a new operation for the crushing and removing of stone from the bladder at one sitting, an operation perfected by Dr. Henry J. Bigelow, and described with cuts, in the Boston Medical and Surgical Journal, January 8, 1880. The following is an abstract of Dr. Bigelow's paper, copied from the *Chicago Medical Gazette*.

This operation is safer than the old one of several short sittings, although it requires greater skill, and should be attempted only by experienced lithotritists. The experience of Dr. Bigelow demonstrates that the bladder will tolerate long operations, provided that the fragments, which are the real cause of subsequent inflammation, be removed.

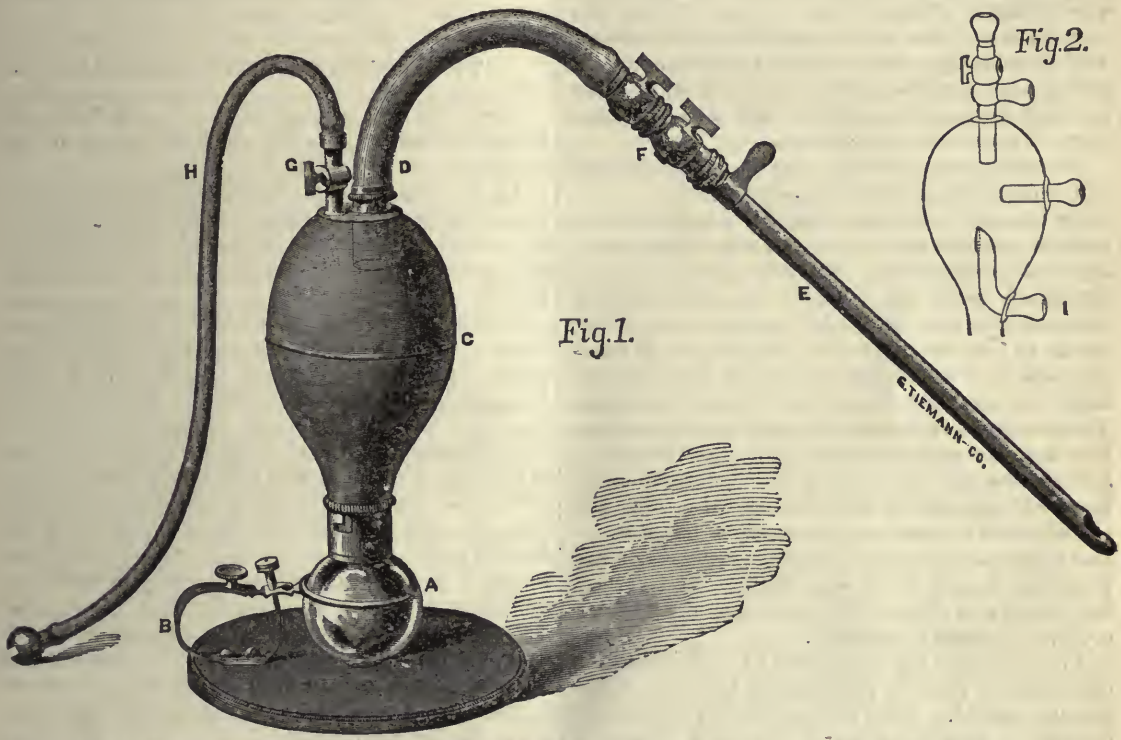

Fig. 1.

Fig. 2.

Fig. 1.—A, glass trap to receive the fragments forming, with the screw-catch B, which supports it on the stand, a ball-and-socket joint.
C, Elastic bulb or bottle for pumping fluid in and out of the bladder.
D, Elastic tube, five inches long. One end is attached to E, the evacuating catheter, and the other is continued into the bulb to form a chamber above its orifice for isolation of air.
F, Coupling between the cocks of the evacuating catheter and the elastic tube.
G, H, Small hose for expulsion of air and introduction and expulsion of water to and from the bulb, with a movable attachment at G.
Fig. 2.—Diagram of a bulb used for experiment.

The operation depends upon the enlargement of the evacuating tubes, from the size of the common catheter to the largest (26 to 31 French) that the urethra will tolerate. The straight catheter or tube is preferred, because its position in the bladder may be more accurately determined than that of the curved. Its orifice is located on the side, a quarter of an inch from its end, to prevent obstruction by the bladder wall, and to facilitate its introduction. The operation is as follows: The urine is drawn and replaced by water from the bulb. The lithotrite is then introduced and the stone crushed. A large catheter is now passed into the bladder to evacuate the fragments, which fall at once to the bottom of the bulb, and remain there undisturbed by the current of air. If the side of the bladder, hanging loose, clogs the catheter, the bladder should be distended by the injection of a little water from the bulb, which will be retained in the bladder by closing the cock of the catheter. In pumping, a couple of ounces of water are gently moved backward and forward between the bladder and the bulb, once in a second or two. The short elastic tube between the bulb and the catheter prevents the jar of pumping from reaching the bladder. The tube should be held just off the floor of the bladder to avoid being clogged by the debris. A thorough sounding should follow the evacuation. I doubt the expediency of leaving fragments in the bladder. The operation would be absolutely dry did not a sensitive bladder occasionally contract and squeeze out a little water by the side of the instrument. Rapid lithotrity was made easy when Otis demonstrated the fact that the capacity of the average urethra was very nearly 33. Sittings are now lengthened from a few minutes to an hour or more.

LARYNGEAL TUMOR INTERFERING WITH RESPIRATION AND DEGLUTITION — LARYNGO-TRACHEOTOMY.

The patient is a lady twenty-nine years of age, below the average in intelligence, moderatelly well nourished and regular in her menstruation. Her left knee is anchylosed, and to fill the measure of her misfortunes, about one year ago she began to experience difficulty in respiration, which gradually increased until her life was threatened by suffocation.

During her most quiet moments her breathing was labored and noisy and her voice husky, the least exertion materially aggravated her distress. Ascending a stairway, for instance, caused almost unbearable dyspnœa.

Each attempt at swallowing solid or liquid food was attended by a fit of violent coughing, strangulation and cyanosis; hence, for forty-eight hours previous to her call on Dr. B. she had abstained from all nourishment by mouth.

A laryngoscopic examination by Drs. Porter and Bauer disclosed the following conditions:

By the aid of the laryngoscope, a large mass, in outline smooth and regular, and unyielding to the touch of the probe, fills the entire posterior part of the space immediately below the vocal chords. Extending well to the front, it occupies at least two-thirds of the intra-laryngeal region. It is firmly attached by a broad base to the left posterior part of the larynx, just below the chord of that side. The left chord is immovably fixed near the median line, and is drawn downward, as though the inferior surface was already implicated. The right chord moves freely, and by approximating the other one already held in position, phonation is possible.

As an opening in the wind-pipe was deemed necessary to save life, it was decided to lay open the larynx and remove the tumor with the galvano-cautery, if found practicable.

The operation was performed at this institution on February 14th by Prof. Bauer, Dr. Wm. Porter kindly assisting. After the trachea had been reached and the bleeding stopped, it was freely opened and air admitted to the lungs. The larynx was then divided, in the median line, its full length and the walls held apart by means of threads passed through the cartilage of each side, thus exposing the cavity. The tumor was found to be immovably connected by a broad base with the cartilage of the left side, its apex projecting over to the front and right side of the laryngeal cavity. Judging from the firm structure and seat of the tumor, it was thought to be an enchondroma. Its removal would have necessitated the excision of the entire larynx, which, under the circumstances, was not deemed commendable. A tube, therefore, was inserted into the trachea and the wound closed above and below with sutures. The patient has since done well. Now, three weeks since the operation, the wound is almost closed and the tube is borne without material inconvenience. Sufficient air passes through the larynx to enable the patient to speak in a whisper. The distress accompanying deglutition has subsided, proving its reflex character.

Prof. B. referred to excision of both the larynx and pharynx as introduced by Billroth, of Vienna, and to a similar operation performed by a New York surgeon upon a citizen of this city. "But in those cases cancerous tumors were the objects of such formidable operations, which, in all probability, does not exist in our case; nor has the patient the means to supply herself with the expensive apparatus necessary as a substitute for the larynx." Clinic of Dr. Bauer in *Clinical Record*.

TREATMENT OF DIPHTHERIA.

The following is given by Dr. Billington of Demilt Dispensary in the *Medical Record*, as his treatment of this disease:—

In the treatment of diphtheria by methods of local disinfection, the danger to be most sedulously avoided is irritation. It is this which has again and again brought these methods into deserved disrepute.

Swallowing a little water at frequent intervals would doubtless be of some utility in helping to remove foul secretions from the throat. I have instead employed, in most cases, in alternation and usually at half-hour intervals, teaspoonful doses of the following pleasant mixtures: 1st, two scruples of chlorate of potassa, with half a fluid ounce of glycerine and two ounces and a half of lime-water; 2nd, one fluid drachm of the tincture of the chloride of iron, with an ounce each of glycerine and water. I have omitted the use of the latter mixture, in some cases, with advantage. The tincture of iron has apparently a valuable constitutional, as well as local, effect in some cases; in others it has neither, and in some it has an injuriously irritant action even in mild dilution. It is far from being a specific for the disease.

I have also had the throat sprayed very frequently when practicable, by means of a hand-atomizer, with a mixture of ten minims of carbolic acid in four ounces of lime-water.

It is not worth while to defend the importance of these simple formulæ against those who would sneer at such details. I will mention, however, that I have in more than one case, either in my own practice or in consultation, seen very bad results from slight deviations from them, through the error of the prescriber or of the apothecary, which had the effect of making them less efficient, less pleasant, or more irritating. The recognition of the true principle in the treatment of diphtheria is

nearly as ancient as the description of the disease. That it has not long ago been universally adopted and utilized be the profession to the saving of many thousands of lives, is because its discovery was not accompanied with that of the details necessary to its successful application.

Finally, but in many bad cases first in importance, I have washed the affected surfaces, at suitable intervals, by means of a syringe. The instrument employed has been the Roosa hard-rubber ear-syringe; the liquid, a week tepid solution of common salt. It should be thrown through the open mouth into the throat, or through the nostrils into the nasal passages and the pharnyx, and contributed until the foul and poisonous secretions are thoroughly washed away and fetor is corrected. It is essential that this be done *secundum artem*. The method was described in my previous paper.

In the treatment of young children, I have found it very important to avoid the use of any unpleasant medicine, such as quinine, cubebs, etc.

Stimulants may be useful in the later stage of protracted cases, and in convalescence. Given early and freely, they too often prove not an antidote, but an auxiliary poison to that of the disease. Instead of sustaining they help to overwhelm. Such, at least, has been the teaching of my experience formerly in their employment, and latterly in their more general disuse. The large majority of cases in the present series, as in those I have previously reported, have been treated absolutely without them. If there has been agreement in the profession on any one point in the treatment of diphtheria, it has been in the early and free use of alcoholic stimulants, which has indeed been advocated by some as a specific. Have the general results of this practice been so brilliant that those of a different course may not be experimentally tested?

Proper nutrition is of the greatest importance. Milk has ordinarily been my main reliance. It should be given freely and often—even by force if necessary; and rectal alimentation, when indicated, should by no means be omitted.

Treatment of Convulsions in Children.—The following treatment by Dr. Charles Bell is given in the Edinburgh *Medical Journal*:—

The first object in the treatment of convulsions is to allay the spasm and to restore consciousness. This is generally effected by means of a hot bath, and at the same time applying some pungent substance to the nose, such as ammonia. Should these not be effectual in restoring sensibility and overcoming the convulsions, we must have recourse to the application of chloroform. Having overcome the convulsions, we should then endeavor to remove the cause, which is most commonly something irritating the alimentary canal. If the child has recently taken a full meal, an emetic ought to be given as soon as the patient is able to swallow, and the best kind under the circumstances is a full dose of ipecacuanha, according to the age of the child. If the bowels are constipated, an aperient should be given, either of calomel or castor oil; but as it is important that the bowels should be moved quickly, an enema or a suppository should be administered without delay. Cold should be frequently applied to the head if there is much heat while the feet are kept in warm water, or mustard poultices should be applied to the calves of the legs. If there is much excitement in the circulation, leeches may be applied with advantage, although M. North prefers venesection or cupping, as he says he has never seen a well marked case of congestion removed by leeches. But the use of the lancet or cupping-glasses is very questionable in young children, from the certainty of producing crying, which inevitably increases the congestion. Some authors have advised the use of opium and blisters, but such remedies are extremely hazardous in very young children. If the child is teething, and the gums seem red and swollen, they ought to be scarified. If there is reason to suspect that worms are the cause, turpentine should be given in milk, or it may be given in the form of an enema.

After the attack is over, the bowels should be kept regular by mild aperients, and the most useful are moderate doses of rhubarb and potash, which, besides regulating the bowels, will act as a diuretic. Change of air and the use of small doses of chalybeates, along with light and nourishing food, will be very beneficial.

Prognosis.—When the fits are moderate and of short duration, and the natural cheerfulness and lively expression of countenance soon returns, the case may be considered extremely satisfactory; but if the convulsions are long continued and of frequent occurence, and the child continues to be dull and heavy, with an anxious expression of countenance, there is reason to apprehend great danger.

Tumour of the Pharynx—Operation—Death.—Mrs. S., aged 53, admitted into the Western Infirmary 22nd January, 1880. She was apparently a strong healthy woman, although her health was not quite so good as it had formerly been. She was, however, of weak fibre—puffy, and her heart was also known to be weak. The small vessels of the face were injected, as though she was the subject of chronic bronchitis. She was admitted on account of a tumour of the pharynx, the history of which is as follows:—About two years ago some defect in her speech was noticed; for this a medical man was consulted, who discovered a growth in her throat, and lanced it, but nothing except pure blood came away. For some time she used a gargle, but her speech gradually becoming worse, and the tumour increasing in size, so as to interfere both with respiration and deglutition, she sought admission to the hospital. The nostrils had always been quite free.

Examination on Admission.—Upon opening the mouth and depressing the tongue, a large tumour was seen occupying the back of the throat. It was difficult to make out the extent of its connection or its size, as it passed behind the tongue and down the pharynx. It seemed to grow from the soft palate, and had contracted extensive adhesions to the pharynx on the left side. It was comparatively soft and quite painless. An enlarged gland was felt at the angle of the jaw on the left side, and it, too, though small, was painless and soft, and quite movable.

January 28th.—To-day chloroform was administered and the tumour removed. In order to obtain efficient breathing facilities, tracheotomy was first performed. The next step in the operation was the division of the lower jaw. The central incisor having been extracted, the soft tissues were cut through, and the bone divided at the symphysis with saw and bone forceps. The two sides of the jaw were then drawn asunder, and the tongue pulled well forwards and downwards between them. A sponge was now placed in the larynx to prevent the passage of blood. An incision was made in the mucous membrane over the tumour, and by means of the fingers, it was easily removed. The wound of the mucous membrane was stitched with carbolised catgut, the two sides of the jaw bound firmly together by silver wires passed through two holes drilled in the bone, and finally, the edges of the wound in the soft tissues were brought together with silver sutures. During the operation very little blood was lost. The patient was easily and effectually kept under chloroform, by having it administered in the ordinary way at first, and, after the trachea was opened, by a sponge saturated with chloroform, and held in front of the tube. There was no difficulty whatever with the breathing during the operation. The tracheotomy tube was left in after the operation.

The patient recovered well, suffering from no appreciable shock, and passed a good day. There was no complaint of pain in the throat, and she could swallow and breathe without difficulty. At night she had ⅛ grain morphia subcutaneously. In the morning, symptoms of congestion of the lungs were detected. The patient was now propped up in bed, and a tent rigged up, so as to confine the air, warmed and moistened by a jet of steam. The tracheotomy tube annoyed her, and she was also troubled with flatulence. On the following morning there seemed some improvement in the condition of the lungs, but during the day she continued getting weaker, and died in the evening, being the second day after the operation. The condition of the parts operated on was thoroughly good quite up to the end.

Dr. Macleod thought that a mistake had been made in this case, in keeping the patient on her back, with a low head, during the first day after the operation; and after she was set up in bed she had not strength enough to rally. It would also, perhaps, have been better, he thought, if the tracheotomy tube had been taken out immediately after the operation, as thereby a source of annoyance to the patient would have been removed, and the possibility prevented of cold air getting access to the lungs, and causing irritation. She swallowed without any difficulty to the end. The tracheotomy tube was removed, at her request, on the morning of the second day.

The tumour was examined by Dr. Joseph Coats, who reports that it is a *round celled sarcoma.* Its main constituents are round cells, about the size of white blood corpuscles. Besides these, there is a small amount of intercellular substance, composed partly of stiff fibres, and partly of a finer reticulum.—*Glasgow Med. Journal, March '80.*

Hodge Pessary in Retroflexions and Versions of the Uterus.—Dr. E. H. Trenholme, of Montreal, recommends steady perseverance with the various forms of the Hodge in order to the cure of the above mentioned diseases. He has no confidence in intra-uterine stem pessaries. The influence of posture is much insisted on. He advises the introduction of the pessary while the patient is on her elbows and knees, and after the organ has been replaced with the sound. Barnes' dictum, that the pessary should never have any support but that afforded by the vaginal walls he considers quite opposed to experience, and he makes great use of the floor of the pelvis for supporting his pessaries. The conclusions to which he comes are as follows:—"1. I believe we possess in the Hodge pessary (variously modified) an efficient and most admirable instrument for sustaining a retrodislocated uterus, and that, too, to any desired elevation in the pelvis. 2. That even a large pessary, filling and distending the vagina and taking pressure on the floor of the pelvis, can be worn with comfort and ultimately curative results, by the proper use of the postural treatment, together with the inflation of the vagina by elevating the floor of the pelvis while in that position. 3. The curative forces operating upon the uterus are resultants of (*a*) the elevating power of the pessary; (*b*) the resisting force of the sacrum: (*c*) the weight of the uterus, now so high up as to gravitate forwards and downwards; and (*d*) the pressure of the abdominal viscera. 4. That the vices of flexion and position being overcome, a permanent recovery may be looked for with certainty in from six months to a year from commencement of treatment.—*Obst. Journal*, December, 1879.—*Glasgow Med. Journal.*

Hydrastis Canadensis.—Many of the peculiar virtues of hydrastis are probably due to the alkaloid berberine, which is contained in it in the proportion of about four per cent. In fact the so-

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	Bottles 100 pills	Bottles 500 pills
ACID, SALICYLIC, See Salicylic Acid.		
ACONITIA, 1-60 gr.	75	3 50
ALOES, U. S., 4 grs.	50	2 25
ALOES AND ASSAFŒTIDA, U. S., 4 grs.	50	2 25
ALOES AND IRON, 3 grs.	50	2 25
{ Pulv. Aloes Soc., 1-2 gr. / Pulv. Zingib. Jam., 1 gr. / Ferri, Sulph., Exsic., 1 gr. / Extract, Conii, 1-2 gr. }		
ALOES AND MASTIC (Dinner, Lady Webster's).	60	2 75
ALOES AND MYRRH, U. S.	60	2 75
ALOES AND NUX VOMICA, 2 grs.	75	3 50
{ Pulv. Aloes Soc., 1 1-2 grs. / Ext. Nucis Vom., 1-2 gr. }		
ALOIN, 1-10 and 1-5 gr.	50	2 25
ALOIN, 1 gr.	1 50	7 25
ALTERATIVE.	75	3 50
{ Pulv. Opii, Pulv. Ipecac., *aa* 1-8 gr. / Pil. Hydrarg., 1 gr. }		
AMMONIUM, MURIATE, 2 grs.	60	2 75
AMMONIUM, MURIATE, COMPOUND.	1 50	7 25
{ Ammonii, Muriat., 1 gr. / Pulv. Opii, Acid. Benzoici, *aa* 1-32 gr. / Ext., Glycyrrhizæ, Pulv. Acaciæ, *aa* 1 3-4 grs. / Camphora, 1-50 gr., Ol. Anisi, 1-32 gr. / Antim. et Pot. Tart., 1-60 gr. } This is the BROWN MIXTURE of the U. S. P. with the addition of 1 gr. Ammonium Muriat.		
AMMONIUM, VALERIANATE, 1 gr.	1 00	4 75
ANTHELMINTIC, See Santonin and Calomel.	1 25	6 00
ANTI-BILIOUS.	75	3 50
{ Ext. Coloc. Comp., 2 1-2 grs. / Res. Podophylli, 1-4 gr. }		
ANTI-DYSPEPTIC, 4 grs.	1 00	4 75
{ Strychnia, 1-40 gr. / Ext. Belladonnæ, Pulv. Ipecacuanhæ, *aa* 1-10 gr. / Pil. Hydrarg., Ext. Colocy. Co., pulv., *aa* 2 grs. }		
APERIENT.	1 00	4 75
{ Ext. Nucis Vom., 1-3 gr. / Ext. Hyoscyami, 1-2 gr. / Ext. Coloc. Comp., 2 grs. }		
ARSENIOUS ACID, 1-50, 1-40, 1-30 & 1-20 gr.	50	2 25
ASSAFŒTIDA, 2 grs.	50	2 25
{ Assafœtida, 1 1-2 grs., Pulv. Saponis, 1 gr. }		
ASSAFŒTIDA, U. S., 4 grs.	50	2 25
{ Assafœtida, 3 grs., Pulv. Saponis, 1 gr. }		
ASSAFŒTIDA COMPOUND. 3 grs.	50	2 25
{ Assafœtida, 2 grs. / Ferri Sulph. Exsic., 1 gr. }		
ASSAFŒTIDA AND NUX VOMICA.	75	3 50
{ Assafœtida 3 grs. / Ext. Nucis Vom., 1-4 gr. }		
ATROPIA, 1-60 gr.	1 00	4 75
BELLADONNA EXTRACT, 1-4 and 1-2 gr.	50	2 25
BISMUTH, SUBNITRATE, 3 grs.	1 00	4 75
BISMUTH, SUBNITRATE, 5 grs.	1 50	7 25
BLUE PILL, U. S., 1-2, 1 and 3 grs.	50	2 25
BLUE PILL, U. S., 5 grs.	60	2 75
BLUE PILL COMPOUND.	75	3 50
{ Pil. Hydrarg., 1 gr. / Pulv. Opii., 1-2 gr. / Pulv. Ipecac, 1-4 gr. }		
CAFFEIA, CITRATE, 1 gr.	4 00	19 75
CALCIUM, SULPHIDE, 1-10, 1-4, 1-2 & 1 gr.	75	3 50
CALOMEL, 1-2, 1, 2 and 3 grs.	50	2 25
CALOMEL, 5 grs.	60	2 75
CALOMEL COMPOUND. 2 grs.	60	2 75
{ Antim. Sulph., Hydrarg. Chlor. Mite, *aa* 1-2 gr. / Resina Guaiaci, 1 gr. }		
CALOMEL AND OPIUM, 3 grs.	85	4 00
{ Hydrarg. Chlor. Mite, 2 grs., Opii, pulv., 1 gr }		
CAMPHOR AND HENBANE. 2 grs.	60	2 75
{ Camphora, 1 gr., Ext. Hyoscyami, 1 gr. }		
CAMPHOR, HENBANE and VALERIAN, 2 1-2 grs.	60	2 75
{ Camphora, Pulv., Ext. Hyoscyami. Alc., *aa* 1 gr. / Ext. Valerianæ, 1-2 gr. }		
CAMPHOR, MONO-BROMATED, 2 grs.	1 50	7 25
CAMPHOR, MONO-BROMATED, 3 grs.	2 00	9 75

	Bottles 100 pills	Bottles 500 pills
CANNABIS INDICA EXTRACT, 1-2 gr.	1 25	6 00
CANNABIS INDICA EXTRACT, 1 gr.	1 75	8 50
CATHARTIC COMPOUND, U. S.	60	2 75
CATHARTIC IMPROVED.	60	2 75
{ Ext. Colocynth. Comp. pulv., 1 gr. / Jalapæ pulv., Res. Leptand., *aa* 1-2 gr. / Ext. Hyoscyami, Ext. Taraxici, *aa* 1-4 gr. / Res. Podoph., 1-4 gr. Ol. Menthæ Pip. }		
CATHARTIC VEGETABLE, 3 grs.	60	2 75
{ Ext. Col. Comp., pulv., 1 1-2 grs. / Res. Podophylli, 3-8 gr. / Res. Leptandræ, 1-8 gr. / Jalapæ pulv., 1-4 gr. / Aloes, Socotrin pulv., 1-2 gr. / Ext. Hyoscyami, 1-4 gr. / Ol. Menthæ Pip. }		
CERIUM, OXALATE, 1 gr.	1 00	4 75
CERIUM, OXALATE, 2 grs.	1 50	7 25
CHARCOAL, WILLOW, 3 grs.	60	2 75
CHINOIDINE, 1-2 and 1 gr.	60	2 75
CHINOIDINE, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS, See Quinine List.		
CINCHONIDIA (ALKALOID), See Quinine List.		
CINCHONIA, SULPHATE, See Quinine List.		
CINCHONIDIA, SULPHATE, See Quinine List.		
COCA EXTRACT, 1 gr.	65	3 00
CODEIA, 1-16 gr.	1 75	8 50
CODEIA, 1-5 gr.	2 50	12 25
CODEIA, 1-2 gr.	3 50	17 25
COLOCYNTH COMP. EXTRACT, 3 grs.	1 00	4 75
COLOCYNTH, IPECAC AND BLUE.	1 00	4 75
{ Ext. Coloc. Comp., pulv., 2 grs. / Pulv. Ipecacuanhæ, 1-6 gr. / Pil. Hydrarg. 2 grs. }		
COOK'S, 3 grs.	60	2 75
{ Pulv. Aloes Soc., 1 gr. / Hydrarg., Chlor., Mite, 3-4 gr. / Pulv. Rhei, 1 gr. / Pulv. Saponis, 1-4 gr. }		
COPAIBA, 3 grs.	75	3 50
COPAIBA AND OLEO-RESIN CUBEB, 3 grs.	75	3 50
{ Pil. Copaibæ, 2 grs. / Oleo-Resin Cubebæ, 1 gr. }		
COPAIBA AND OLEO-RESIN CUBEB, 5 grs.	1 25	6 00
{ Pil. Copaibæ, 3 grs. / Oleo-Resin Cubebæ, 2 grs. }		
CORROSIVE SUBLIMATE, 1-100, 1-40, 1-30 & 1-20 gr.	50	2 25
CROTON OIL, 1-2 gr.	1 00	4 75
DAMIANA EXTRACT, 3 grs.	3 00	14 75
DIGITALIA, PURE, 1-60 gr.	75	3 50
DINNER (CHAPMAN'S), 4 grs.	60	2 75
{ Pulv. Aloes Soc., Pulv. Mastiches, *aa* 1 1-2 grs. / Pulv. Ipecacuanhæ, 1 gr., Ol. Fœniculi. —— }		
DINNER (COLE'S).	60	2 75
{ Pil. Hydrarg., 1 1-5 grs. / Pulv. Aloes Soc. 1 1-5 grs. / Pulv. Jalapæ, 1 1-5 grs. / Ant. et Pot., Tart., 1-50 gr. }		
DINNER (LADY WEBSTER'S), 3 grs.	60	2 75
{ Pulv. Aloes. Soc., 1 4-5 grs. / Pulv. Mastiches, 3-5 gr. / Pulv. Rosæ Gallicæ, 3-5 gr. }		
ELATERIUM (CLUTTERBUCK'S), 1-10 gr.	1 00	1 75
EMMENAGOGUE.	1 40	6 75
{ Ergotin, Extract. Helleb. Niger, *aa* 1 gr. / Ferri Sulph. Exsic., Pulv. Aloes Soc., *aa* 1 gr. / Ol. Sabinæ, 1-4 gr. }		
ERGOTIN (Each pill—30 grs. Ergot), 3 grs.	2 00	9 75
FERRUGINOUS (BLAUD'S), 3 and 5 grs.	1 00	4 75
[Ferri Sulphas, Potassæ Carb., P. Æ.]		
FUCUS VESICULOSUS EXTRACT, 3 grs.	1 00	4 75
GELSEMIUM EXTRACT, 1 gr.	75	3 50
GONORRHŒA. 5 grs.	60	2 75
{ Cubebæ, pulv., 2 grs. / Pil. Copaibæ, 1 gr. / Ferri Sul. Exsic., 1-2 gr. / Terebinth., Venet., 1 1-2 grs. }		
GRINDELIA ROBUSTA EXTRACT, 3 grs.	1 00	4 75

McKESSON & ROBBINS' GELATINE-COATED PILLS.—PRICE LIST CONTINUED.

	Bottles 100 pills	Bottles 500 pills
GUARANA EXTRACT (PAULLINIA), 3 grs.	2 00	9 75
HENBANE EXTRACT, 1 gr.	60	2 75
HEPATIC.	1 00	4 75
{ Pil. Hydrarg., 3 grs. Ext. Bellad., 1-4 gr. } { Ext. Colocynthis Comp., 2 grs. }		
HOOPER'S, 2 1-2 grs.	50	2 25
"HOSPITAL QUININE," see Quinine list.		
HYDRASTIA (WHITE ALKALOID), 1-2 gr.	2 50	12 25
HYDRASTIA (WHITE ALKALOID), 1 gr.	4 00	19 75
HYOSCYAMINE (RESINOID). 1-4 gr.	1 00	4 75
HYPOPHOSPHITES, COMPOUND.	1 50	7 25
{ Calcii Hypophos., 1 gr. Sodii " 3-4 gr. Potassii " 1-2 gr. Ferri " 1-4 gr. }		
IODOFORM, 1 gr.	1 50	7 25
IODOFORM AND IRON, 2 grs.	2 50	12 25
IPECAC AND OPIUM (DOVER, U. S.), 1 1-2 grs.	60	2 75
IPECAC AND OPIUM (DOVER, U. S.) 5 grs.	1 00	4 75
IRON BY HYDROGEN (QUEVENNE'S), 1 gr.	50	2 25
IRON BY HYDROGEN (QUEVENNE'S), 2 & 4 grs.	75	3 50
IRON, "BLAUD'S," See Ferruginous.		
IRON, BROMIDE, 3 grs.	1 50	7 25
IRON, CITRATE AND CINCHONIDIA, 2 grs.	85	4 00
IRON, CITRATE AND QUININE, See		
IRON, CITRATE AND QUININE, Quinine		
IRON, CITRATE AND QUININE, List.		
IRON, CITRATE & STRYCHNINE.	75	3 50
{ Ferri Citras, 1 gr., Strychnia, 1-50 gr. }		
IRON, DIALYSED (SCALES), 2 grs.	1 50	7 25
IRON, FERROCYANIDE, 3 grs.	60	2 75
IRON, IODIDE OF (Blancard's Form.), 1 gr.	80	3 75
IRON, LACTATE, 1 gr.	60	2 75
IRON, PHOSPHATE AND STRYCHNINE.	1 00	4 75
{ Ferri Phosphas, 2 grs. } { Strychniæ pulv., 1-50 gr. }		
IRON, PROTO-CARB. (VALLET'S), 2 and 3 grs.	50	2 25
IRON, PROTO-CARB. (VALLET'S MASS), 5 grs.	60	2 75
IRON, VALERIANATE, 1 gr.	1 25	6 00
JABORANDI EXTRACT, 3 grs.	1 50	7 25
LAXATIVE (COLE'S).	60	2 75
{ Res. Podophylli, 1-10 gr. } { Hydrarg. Chlor. Mite, 1 gr. } { Ext. Col. Comp. Pulv., 3 grs. }		
LIME, LACTO-PHOSPHATE, 5 grs.	2 00	9 75
LITHIUM BROMIDE, 2 grs.	1 50	7 25
LUPULIN, 3 grs.	50	2 25
MERCURY, BIN-IODIDE, 1-40, 1-25 & 1-10 gr.	50	2 25
MERCURY, CYANIDE, 1-20 gr.	50	2 25
MERCURY, PROTO-IODIDE, 1-5, 1-4 & 1-2 gr.	50	2 25
MORPHINE, ACETATE, 1-8 gr.	75	3 50
MORPHINE, ACETATE, 1-4 gr.	1 00	4 75
MORPHINE, MURIATE, 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-4 G, 1-10 & 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-6 gr.	85	4 00
MORPHINE, SULPHATE, 1-4 gr.	1 00	4 75
MORPHINE, VALERIANATE, 1-8 gr.	1 25	6 00
NEURALGIA (BROWN-SEQUARD).	2 00	9 75
{ Ext. Hyoscyami, 2-3 gr. " Conii, 2-3 gr. " Ignatii Amaræ, 1-2 gr. " Opii, 1-2 gr. " Aconiti, 1-3 gr. " Caunab. Indicæ, 1-4 gr. " Stramonii, 1-5 gr. " Belladonnæ, 1-6 gr. }		
NEURALGIA (DR. GROSS); See Quinine list.		
NUX VOMICA EXTRACT, 1-4 and 1-2 gr.	50	2 25
OPIUM, U. S., 1 gr.	75	3 50
OPIUM EXTRACT, 1-4 gr.	75	3 50
OPIUM EXTRACT, 1-2 gr.	1 00	4 75
OPIUM EXTRACT, 1 gr.	1 50	7 25
OPIUM AND ACETATE OF LEAD, No. 1, 2 grs.	80	3 75
{ Opii Pulv., Plumbi Acet., aa 1 gr. }		
OPIUM AND ACETATE OF LEAD, No. 2, 2 grs.	60	2 75
{ Opii Pulv., 1-2 gr. } { Plumbi Acet., 1 1-2 grs. }		
OPIUM AND CAMPHOR. 3 grs.	80	3 75
{ Opium, 1 gr. Camphora, 2 grs. }		
OX GALL, 3 grs.	60	2 75
{ Fel Bovin. dep., 2 grs. Pulv. Zingiber, 1 gr. }		
PEPSIN, 5 grs.	1 00	4 75
PEPSIN AND BISMUTH, 5 grs.	1 50	7 25
{ Pepsin, 2 grs., Bismuth Subnit., 3 grs. }		
PEPSIN, BISMUTH AND STRYCHNINE, 5 grs.	1 75	8 50
{ Pepsin, 2 1-2 grs. } { Bismuth Subnit., 2 1-2 grs. } { Strychnia, 1-80 gr. }		
PHOSPHATES IRON, QUININE & STRYCHNINE; See Quinine list.		
PHOSPHORUS, 1-100, 1-50, 1-30, 1-20 & 1-12 gr.	1 00	4 75
PHOSPHORUS COMPOUND, No. 1.	1 25	6 00
{ Phosphorus, 1-100 gr. } { Ext. Nucis Vomicæ, 1-4 gr. }		
PHOSPHORUS COMPOUND, No. 2.	1 25	6 00
{ Phosphorus, 1-60 gr. } { Ext. Nucis Vomicæ, 1-4 gr. }		
PHOSPHORUS COMPOUND, No. 3.	1 25	6 00
{ Phosphorus 1-50 gr. } { Ext. Nucis Vomicæ, 1-8 gr. }		
PHOSPHORUS COMPOUND AND IRON.	1 25	6 00
{ Phosphorus, 1-100 gr. } { Ferri Phosphas, 1-2 gr. } { Ext. Nucis Vomicæ, 1-8 gr. }		
PHOSPHORUS AND QUININE COMPOUNDS; See Quinine list.		
PHOSPHORUS AND EXTRACT ACONITE.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Aconiti Alc., 1-16 gr. }		
PHOSPHORUS AND EXT. CANNAB. INDIC.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Cannab. Ind., 1-4 gr. }		
PHOSPHORUS AND IRON.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ferrum Redactum, 2 grs. }		
PHOSPHORUS AND STRYCHNIA.	1 25	6 00
{ Phosphorus, 1-50 gr., Strychnia, 1-60 gr. }		

	Bottles 100 pills	Bottles 500 pills
PHOSPHORUS, DIGITALIS & EXT. HYOSCYAMUS	1 25	6 00
{ Phosphorus, 1-50 gr. } { Pulv. Digitalis, 1 gr. } { Ext. Hyoscyami, 1 gr. }		
PHOSPHORUS, EXT. NUX VOM. & EXT. ALOES.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Nucis Vomicæ, 1-4 gr. } { Ext. Aloes Soc., 1-2 gr. }		
PHOSPHORUS, EXT. NUX VOM. & CARB. IRON.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Nucis Vomicæ, 1-4 gr. } { Ferri Carb., 1 gr. }		
PHOSPHORUS, IRON AND ALOES.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ferri Sulph. Exsic., 1 1-2 grs. } { Ext. Aloes Soc., 1 gr. }		
PHOSPHORUS, MORPHIA AND VAL. ZINC.	1 75	8 50
{ Phosphorus, 1-50 gr. } { Morphiæ Sulph., 1-12 gr. } { Zinci Valerianas, 1 gr. }		
PHOSPHORUS, NUX VOMICA & CANTHARIDES.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Pulv. Nucis Vomicæ, 1 gr. } { Tinct. Canthar. Conc., 1 minim. }		
PHOSPHORUS, SULPH. ZINC AND LUPULIN.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Zinci Sulphas, 1 gr. } { Lupulina, 1 gr. }		
PIPERIN COMPOUND.	75	3 50
{ Piperin, 1-4 gr. } { Hydr. Chlor. Mite., 1-4 gr. }		
PLUMMER'S (see Calomel Compound).	60	2 75
PODOPHYLLIN, 1-8 and 1-4 gr.	50	2 25
PODOPHYLLIN, 1-2 and 1 gr.	60	2 75
PODOPHYLLIN AND BLUE.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Pil. Hydrarg., 2 1-2 grs. }		
PODOPHYLLIN AND LEPTANDRIN.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Leptandrin, 1 gr. }		
PODOPHYLLIN, CAPSICUM AND BELLADONNA.	1 00	4 75
{ Podophyllin, 1-4 gr. } { Ext. Bellad. Alc., 1-8 gr. } { Pulv., Capsici, 1-2 gr. }		
PODOPHYLLIN, COLOC., HENBANE & CALOMEL.	1 00	4 75
{ Res. Podophylli, 1-4 gr. } { Ext. Col. Comp. Pulv., 1 gr. } { Ext. Hyoscyami, 1-4 gr. } { Hydrarg. Chlor. Mite, 1 gr. }		
PODOPHYLLIN COMPOUND.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Ext. Hyoscyami, 1-8 gr. } { Ext. Nucis Vomicæ, 1-16 gr. }		
PODOPHYLLIN, EXT. COLOC. & BELLADONNA.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Ext. Coloc. Comp., 2 grs. } { Ext. Bellad., 1-4 gr. }		
POKE ROOT COMPOUND.	1 00	4 75
{ Ext. Phytolaccæ, Alc., 2 grs. } { Ext. Stillingiæ, " 1 gr. } { Ext. Stramonii, " 1-8 gr. }		
POTASSIUM, BROMIDE, 2 grs.	1 00	4 75
POTASSIUM, BROMIDE, 5 grs.	1 50	7 25
QUINIDIA SULPHATE, See Quinine List.		
QUININE, BI-SULPHATE, SULPHATE AND COMPOUNDS OF QUININE, see Quinine list.		
QUININE, CARBOLATE, 1 gr.	3 50	17 25
QUININE, SALICYLATE, 1 gr.	3 50	17 25
QUININE, SULPHO-CARBOLATE, See		
QUININE, SULPHO-CARBOLATE, Quinine		
QUININE, SULPHO-CARBOLATE, List.		
QUININE, SULPHO-CARBOLATE,		
QUININE, VALERIANATE, 1-2 gr.		
RHEUMATIC.	1 25	6 00
{ Ext. Coloc. Comp., 1 1-2 grs. } { Ext. Colch. Acet., 1 gr. } { Ext. Hyoscyami, 1-3 gr. } { Hydr. Chlor. Mite, 1-3 gr. }		
RHUBARB, U. S.	75	3 50
RHUBARB COMPOUND, U. S.	75	3 50
RHUBARB COMPOUND AND CALOMEL.	75	3 50
{ Pil. Rhei. Comp., 1 1-2 grs. } { Hydrarg. Chlor. Mite, 1 gr. }		
SALICIN, 2 1-2 grs.	1 25	6 00
SALICIN, 5 grs.	2 00	9 75
SALICYLIC ACID, 2 1-2 grs.	75	3 50
SALICYLIC ACID, 5 grs.	1 25	6 00
SALICYLIC ACID WITH MORPHINE.	1 25	6 00
{ Acid. Salicylicum, 2 1-2 grs. } { Morphiæ Sulphas, 1-12 gr. }		
SALICYLIC ACID WITH MORPHINE.	2 00	9 75
{ Acid. Salicylicum, 5 grs. } { Morphiæ Sulphas, 1-8 gr. }		
SANDAL WOOD EXTRACT (McK. & R.), 1 gr.	2 00	9 75
SANDAL WOOD EXTRACT " 2 grs.	3 00	14 75
SANTONIN, 1 gr.	1 00	4 75
SANTONIN AND CALOMEL.	1 25	6 00
{ Santonin, Hydrarg. Chlor. Mite, aa 1 gr. } { Theobroma Cacao. }		
SQUILL COMPOUND, U. S.	60	2 75
STRYCHNINE, 1-60, 1-40 and 1-30 gr.	50	2 25
STRYCHNINE COMPOUND.	1 00	4 75
{ Strychnia, 1-100 gr. Phosphorus, 1-100 gr. Ext. Cannab. Indic., 1-16 gr. Ginseng, 1 gr. Ferri Carb., 1 gr. }		
SULPHUR IODIDE, 1-25 and 1-10 gr.	50	2 25
SUMBUL EXTRACT, 1 gr.	3 00	14 75
SYPHILITIC (RICORD'S MODIFIED).	1 50	7 25
{ Hydr. Prot-Iodide, 1-2 gr. Lactucarium, 1-2 gr. Ext. Opii, 1-10 gr. Ext. Cicutæ, 1 1-2 grs. }		
TARTAR EMETIC, 1-100, 1-20 and 1-4 gr.	50	2 25
TONIC (DR. AIKEN'S). See Quinine list.		

BE CAREFUL TO SPECIFY McKESSON & ROBBINS'.

	Bottles 100 Pills	Bottles 500 Pills
TRIPLEX. (Ext. Aloes, 2 grs. / Pil. Hydrarg., 1 gr. / Podophyllin, 1-4 gr.)	1 00	4 75
TRIPLEX (Dr. FRANCIS). (Pulv. Aloes Soc. / Pulv. Scammonii. / Pulv. Myrrhæ. — Pil. Hydrarg. / Ol. Tiglii. / Ol. Carui.)	1 00	4 75
VALERIAN EXTRACT, 3 grs.	) 00	4 75
ZINC, OXIDE, 1-2 gr.	60	2 75
ZINC, PHOSPHIDE, 1-6 and 1-4 gr.	80	3 75
ZINC, PHOSPHIDE, 1-2 gr.	1 00	4 75
ZINC, PHOSPHIDE & EXT. NUX VOMICA. (Zinci Phosphidum, 1-10 gr. / Ext. Nucis Vomicæ, 1-4 gr.)	1 00	4 75
ZINC, VALERIANATE, 1 gr.	1 00	4 75

RECENT ADDITIONS TO OUR LIST OF GELATINE-COATED PILLS.	Bottles 100 Pills	Bottles 500 Pills
APHRODISIAC. (Turnera Aphrodisiaca, 2 grs. / Phosphorus, 1-100 gr. / Ext. Nucis Vomicæ, 1-3 gr.)	1 85	9 00
BELLADONNA EXTRACT, 1-8 gr.	50	2 25
DANDELION EXTRACT, 3 grs.	55	2 50
HYDRASTIN and PODOPHYLLIN. (Hydrastin Phosphas., 1-4 gr. / Podophyllin, 1-20 gr.)	1 00	4 75
HYOSCYAMIA (ALKALOID), 1-50 gr.	5 00	24 75
PODOPHYLLIN COMPOUND (ECLECTIC), (Podophyllin, 1-8 gr. / Leptandrin, Juglandin, *aa*, 2 grs. / Macrotin, 1-32 gr., Ol. Capsici.)	1 00	4 75

Our Pills are procurable from all respectable Druggists, or sent by mail direct from New York, in Boxes of 100 and 500, upon receipt of list price, whenever it is impossible to obtain McKesson & Robbins' at your Druggists'.
Private formulas of 3,000, or over, made and coated to order.

McKESSON & ROBBINS' GELATINE-COATED PILLS;

QUININE AND OTHER CINCHONA ALKALOIDS.

Owing to the frequent market fluctuations of Sulphate of Quinine and the consequent necessary changes in the prices of pills containing it, we have placed them by themselves, for convenience of reference; our discount remaining the same for both lists.

	Bottles 100 pills	Bottles 500 pills
CINCHONA BARK ALKALOIDS. (Quiniæ Sulph., 1-2 gr. / Quinidiæ Sulph., 1-2 gr. / Cinchoniæ Sulph., 1-2 gr. / Cinchonidiæ Sulph., 1-2 gr.)	1 90	9 25
CINCHONIA, SULPHATE, 3 grs.	95	4 50
CINCHONIA, SULPHATE, 5 grs.	1 40	6 75
CINCHONIDIA (ALKALOID), 1 gr.	95	4 50
CINCHONIDIA (ALKALOID), 2 grs.	1 55	7 50
CINCHONIDIA (ALKALOID), 3 grs.	2 05	10 00
CINCHONIDIA, SULPHATE, 1 gr.	80	3 75
CINCHONIDIA, SULPHATE, 2 grs.	1 40	6 75
CINCHONIDIA, SULPHATE, 3 grs.	2 00	9 75
CINCHONIDIA, SULPHATE, 4 grs.	2 50	12 25
CINCHONIDIA, SULPHATE, 5 grs.	3 00	14 75
"HOSPITAL QUININE," 1-4 gr.	65	3 00
"HOSPITAL QUININE," 1-2 gr.	80	3 75
"HOSPITAL QUININE," 1 gr.	1 25	6 00
"HOSPITAL QUININE," 1 1-2 grs.	1 95	9 50
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	5 00	24 75
"HOSPITAL QUININE," 5 grs. The unbleached, crystallized, combined alkaloids of Cinchona bark, (Cinchonia alone separated) containing fifty per cent. pure Quinia Sulph.	6 25	31 00
IRON & CINCHONIDIA, CITRATE, 2 grs.	75	3 50
IRON & CINCHONIDIA, CITRATE, 3 grs.	1 10	5 25
IRON & QUININE, CITRATE, 1 gr.	95	4 50
IRON & QUININE, CITRATE, 2 grs.	1 40	6 75
IRON & QUININE, CITRATE, 3 grs.	1 90	9 25
IRON, QUININE AND STRYCHNINE. (Ferrum Redactuu, 1 gr. / Quiniæ Sulphas, 1 gr. / Strychnia, 1-60 gr.)	1 90	9 25
NEURALGIA, (DR. GROSS'). (Quiniæ Sulphas, 2 grs. / Morphiæ Sulphas, 1-20 gr. / Strychnia, 1-30 gr. / Acid. Arsenosum, 1-20 gr. / Ext. Aconiti, 1-2 gr.)	3 75	18 50
NEURALGIA (GROSS), as above, without Morphine	3 50	17 25
PHOSPHATES IRON, QUININE & STRYCHNINE. (Ferri Phosphas, 2 grs. / Quiniæ Phosphas, 1 gr. / Strychniæ Phosphas, 1-60 gr.)	1 90	9 25
PHOSPHORUS AND QUININE. (Phosphorus, 1-50 gr. / Quiniæ Sulph., 1 gr.)	2 25	11 00
PHOSPHORUS, IRON AND QUININE. (Phosphorus, 1-100 gr. / Ferri Carb. (Vallet's), 1 gr. / Quiniæ Sulph., 1 gr.)	2 50	12 25
PHOSPHORUS, IRON, QUININE & NUX VOM. (Phosphorus, 1-100 gr. / Ferri Carb. (Vallet's), 1 gr. / Quiniæ Sulph., 1 gr. / Ext. Nucis Vomicæ, 1-2 gr.)	2 50	12 25
PHOSPHORUS, QUINIA, IRON AND STRYCHNIA. (Phosphorus, 1-100 gr. / Quiniæ Sulph., 1 gr. — Ferri Redact., 1 gr. / Strychnia, 1-60 gr.)	2 50	12 25
QUINIDIA, SULPHATE, 1 gr.	1 00	4 75
QUINIDIA, SULPHATE, 2 grs.	1 90	9 25
QUINIDIA, SULPHATE, 3 grs.	2 50	12 25
QUININE, BI-SULPHATE, same sizes and prices as Sulphate, see below.		
QUININE BROMIDE, 1 gr.	3 15	15 50
QUININE BROMIDE, 2 grs.	4 50	22 25
QUININE BROMIDE, 3 grs.	6 25	31 00
QUININE, CARBOLATE, 1 gr.	3 15	15 50
QUININE, SALICYLATE, 1 gr.	3 15	15 50
QUININE, SULPHATE, 1-4 gr.	90	4 25
QUININE, SULPHATE, 1-2 gr.	1 05	5 00

	Bottles 100 pills	Bottles 500 pills
QUININE, SULPHATE, 1 gr.	1 80	8 75
QUININE, SULPHATE, 1 1-2 grs.	2 80	13 75
QUININE, SULPHATE, 2 grs.	3 50	17 25
QUININE, SULPHATE, 3 grs.	5 10	25 25
QUININE, SULPHATE, 4 grs.	6 90	34 25
QUININE, SULPHATE, 5 grs.	8 50	42 25
QUININE, SULPHO-CARBOLATE, 1 gr.	3 15	15 50
QUININE, SULPHO-CARBOLATE, 2 grs.	4 50	22 25
QUININE, SULPHO-CARBOLATE, 3 grs.	6 80	32 25
QUININE, SULPHO-CARBOLATE, 5 grs.	10 25	51 00
QUININE, VALERIANATE, 1-2 gr.	1 90	9 25
QUININE AND ALOES, 1 gr. (Quiniæ Sulphas, 3-4 gr. / Pulv. Aloes Soc., 1-4 gr.)	1 65	8 00
QUININE AND ARSENIC. (Quiniæ Sulphas, 1 gr. / Acid. Arseniosum, 1-30 gr.)	1 90	9 25
QUININE AND CAPSICUM. (Quiniæ Sulph., 1 gr. / Pulv. Capsici., 1-4 gr.)	1 90	9 25
QUININE AND IRON, BY HYDROGEN. (Quiniæ Sulphas, 1 gr. / Ferrum Redactum, 1 gr.)	1 90	9 25
QUININE AND IRON, CARBONATE. [Quiniæ Sulphas, 1 gr. Ferri Subcarb., 2 grs.]	1 90	9 25
QUININE AND IRON, IODIDE. (Quiniæ Sulph., 1-2 gr. / Ferri Iodidum, 1 gr.)	1 40	6 75
QUININE AND STRYCHNINE. (Quiniæ Sulphas., 1 gr. / Strychnia, 1-60 gr.)	1 90	9 25
QUININE, ARSENIC AND NUX VOMICA. (Quiniæ Sulphas, 1 gr. / Acid. Arseniosum, 1-60 gr. / Ext. Nucis Vomicæ, 1-4 gr.)	1 90	9 25
QUININE COMPOUND. (Quiniæ Sulphas., 1 gr. / Ferrum Redact., 1 gr. / Acid. Arsenosum, 1-32 gr.)	1 90	9 25
QUININE COMPOUND AND EXT. DANDELION. (Quiniæ Bi-Sulph., 1 1-4 grs. / Ferri Sulph., Exsic., 2 grs. / Acid. Arseniosum, 1-24 gr. / Extract Taraxici, 1 1-4 grs.)	2 25	11 00
QUININE COMPOUND AND STRYCHNINE. (Quiniæ Sulphas, 1 gr. / Ferrum Redactum, 1 gr. / Strychnia, 1-20 gr. / Acid. Arseniosum, 1-20 gr.)	1 90	9 25
QUININE, IRON AND NUX VOMICA. (Quiniæ Sulph., 1 gr. / Ferri Carb. (Vallet's), 2 grs. / Ext. Nucis Vomicæ, 1-4 gr.)	1 90	9 25
QUININE, PHOSPHORUS AND IRON. See Phosphorus, Iron, &c., above.		
QUININE, PHOSPHORUS AND NUX VOMICA. (Quiniæ Sulphas, 1 gr. / Phosphorus, 1-60 gr. / Ext. Nucis Vomicæ, 1-40 gr.)	2 50	12 25
QUININE, PHOSPHORUS AND NUX VOMICA. (Quiniæ Sulphas, 1 gr. / Phosphorus, 1-60 gr. / Ext. Nucis Vomicæ, 1-4 gr.)	2 50	12 25
QUININE, QUASSIA AND NUX VOMICA. (Quiniæ Sulph., 1 gr. / Ext. Quassiæ, 1 gr. / Ext. Nucis Vomicæ, 1-4 gr.)	2 25	11 00
TONIC (DR. AIKEN'S). (Quiniæ Sulph., 1 gr. / Acid. Arsenosum, 1-50 gr. / Ferrum Redactum, 2-3 gr. / Strychnia, 1-50 gr.)	1 90	9 25

NOTE.—The **advantages** of a **perfect coating** of **Gelatine** are so obvious that many imitations of our Pills have been placed upon the market and called by different names, calculated to deceive the Profession as to their merits. We would call the attention of Physicians and Druggists to this fact, and **request** them to **specify McK. & R.'s in their prescriptions and orders.**

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GELATINE COATED

PILLS AND GRANULES,

OVAL IN FORM --- PERFECT IN COATING.

Powdered Purified Chinoidine.

Containing all the Non-Crystallizable Alkaloids of Cinchona Bark.

Similar preparations have been lately offered in market *at high prices* under different fancy appellations, and claims made for the same as of equal efficiency with Quinine. As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail an ounce upon receipt of FIFTY CENTS.

Gelatine-Coated Pills, 1, 2, 3 and 5 grs.

Bi-Sulphate of Quinine.

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known is not usually considered except in prescriptions, when this difficulty is overcome by the addition of Acid: and the furthur fact that **Bi-Sulphate of Quinine** is soluble in **only 10 parts of water** is as little appreciated.

McKESSON & ROBBINS have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **Bi-Sulphate of Quinine Pills,** and offer the same to physicians confident that they will stand any test for solubility and prompt action. Physicians will please always specify **Mc. K. & R. Bi-Sulph. Quinine Pills** and they will not be disappointed in results.

Our Bi-Sulph. Quinine Pills are of all sizes from 1-4 grain to 5 grains.

Phosphorus & Combinations.

We have now five sizes of Phosphorus Pills on our list and over twenty combinations.

CATHARTIC PILLS.

COMPOUND, IMPROVED, VEGETABLE.

Our Cathartics have been received with much favor both on account of their easy administration and certainty of effect.

We have over *thirty* varieties of Cathartic and Laxative Pills.

Solubility of Quinine Salts.

Quinine, Sulph.	dissolves in	700	pts. water.
QUININE BI-SULPH.,	"	**10**	" "
Quinine, Muriate.	"	24	" "
Quinine, Bromide,	"	50	" "
Quinine, Hypophos.,	"	60	" "
Quinine, Valerianate,	"	110	" "
Quinine, Tannate,	"	500	" "

The above table demonstrates the greater solubility of the Bi-Sulphate; a very important point, especially when administered in the form of pills or powders; and, even when solutions are prescribed, the use of the definite salt is believed to be better than the addition of Acid to the Sulphate, as the Bi-Sulphate dissolves at once in water.

We have Gelatine-Coated Pills of the Bi-Sulphate, Sulphate, Bromide, Muriate and Valerianate of Quinine.

Preparations of Ergot.

A great demand exists for a reliable form of this invaluable medicine, and, as we have devoted much time and study to the subject, we are able to offer our Gelatine-Coated Ergotin Pills, with confidence. to the profession. We will be glad to furnish a sample of these pills to any physician who desires to test them in his practice and we feel sure that he will find them one of the most reliable forms of this very changeable drug. Our pills contain 3 grains of Purified Ergotin. We also prepare Hypodermic Ergotin of the finest quality.

Sulphide of Calcium Pills.

1-10, 1-4, 1-2 and 1 grain.

We introduced these pills about two years ago, since which time they have come into extensive use.

An eminent physician has prescribed 1-10 grain every hour, with great success, in cases of scrofula, glandular enlargements, &c.

We will be glad to furnish samples of these pills to any physician.

Pocket FORMULA BOOK, containing much valuable information, sent free.

called hydrastin of the eclectics is really the muriate of berberine; while genuine hydrastin is the active principle of the plant, barring berberine, and is distinguished for the resemblance of its action both to quinine and pulsatilla. In large doses it produces noises and a sensation of rushing in the ears, like those caused by quinine; and it is declared by Bartholow to rank next to quinine in the cure of intermittents, and by others to exceed quinine when there is that obstinate and obstructive complication of gastric and portal disturbance which renders some intermittents so intractable. It will often cure chronic gastric catarrh and remove that distressing headache which frequently accompanies this disease. Bartholow says:—"It is one of the best remedies for the stomach-catarrh of chronic alcoholism, and probably the best substitute, when given in full doses, for alcoholic stimulants when their use is sought to be abandoned."

Catarrh of the duodenum is also relieved by it, especially when accompanied by catarrh of the gall ducts and jaundice; and also catarrh of the cystic duct, with inspissation of the bile, and a tendency to gall stones. In constipation from deficient secretion when the stools are dry and hard it may be depended upon, especially when combined with a little aloin; but torpor of the muscular coat of the intestines is not relieved by it, and requires the addition of ergot, nux vomica or physostigma.

Like pulsatilla it has been used in many other catarrh affections, such as of the eyes, nose, ears. In follicular pharyngitis and chronic coryza, in chronic catarrh of the intestines and bladder, in chronic gonorrhœa and gleet, excellent effects have been noticed by Bartholow; who also, of course, declares it to be a most efficacious remedy in uterine and vaginal leucorrhœa, and in ulcerations and erosions of the os. It is also recommended in fissure of the anus, ulceration and hemorrhage from the rectal mucous membrane, although hamamelis is preferable; also, in unhealthy and sloughy sores, and old ulcers of the legs; even in syphilitic affections of the mouth, throat and nares, chancroids, and some other unhealthy growths. It is said to prevent septic decomposition in wounds and cavities communicating with the external air, and to be only second in efficiency to quinine and salicylic acid. It is recommended in those glandular swellings which arise from absorption from diseased mucous membranes; while some fanciful authors think that conium is best adapted for those glandular affections which ensue from absorption from the diseases of the skin and other parts.—*The Physician.*

Hemorrhage in Abortion.—Dr. Griswold, President of the Hartford Medical Association, says, (*Louisville Medical Journal*), that for the last twenty years his reliance has been on a piece of alum introduced into the vagina. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong but not large twine, leaving the ends so that they hang out of the vagina. No preparation is necessary nor any exposure of the person needed. The egg is introduced endway, turned half round so as to bring the long diameter across the vagina, and pushed downward and then upward against the os. In some cases, especially if the canal is large, he packs the egg with sufficient packing to secure its retention in position. If the vagina be small and close, there may be no need at all of the supplementary support.

This treatment is easy, speedy and effectual against further hemorrhage. It has never failed him, and he leaves a patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. He also adds that he has never had any unfavourable effects follow its use in any of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, nothing untoward—and he never had occasion to use it the second time in any one case. It can be removed when desirable either by traction on the cord or by the introduction of the fingers, the coagulated blood fished out, the vagina syringed, and the case further treated as circumstances may require.

Amputation of the Coccyx.—Dr. E. W. Jenks, (*Medical Record,*) gives the following description for amputation of the coccyx:

Anesthetize the patient and place her upon her right side, that the index finger of the left hand may be introduced into the rectum to press the coccyx backward, and as a guide during the progress of the operation. Cutting down to the bone with a scalpel, it can be further separated from its attachments by means of scissors or a knife, as we may choose, and selecting the location where amputation is to be made, we can then disarticulate at the joint or follow the mode of Simpson, who used the bone forceps and cut the bone without reference to joints. By one of the procedures mentioned, namely, separation or amputation, we can confidently expect a cure.; and as neither is attended with danger, we are also able to class these operations among the satisfactory ones of surgery.

I can not conclude without giving you two important points relating to amputation, which were taught me by my earliest operations, as follows: 1. In case you amputate the bone by means of cutting-forceps, remember that the bone of the stump should be "rounded off," so that there will be no sharp points to prick and annoy the patient whenever the skin of that region is made tense. In

one patient I operated upon, where the removal of the bones of the coccyx put an end to a long period of suffering in every respect, except the one just named, a second operation became a necessity. 2. I believe that disarticulation is the better plan; and if you decide to operate by this mode, remember that in case there is articular cartilage on the stump, it should not be allowed to remain intact; on the contrary, you should cut away thin slices of the cartilage, by reason of which the process of healing will be quickened and made perfect.

Boracic Acid Injections in Gonorrhœa.—Dr. Hyndman, (*Cin. Lancet and Clinic*), writes as follows: For some months past I have observed the excellent results obtained by Prof. Seely in the dispensary of the Medical College of Ohio, in the treatment of cases of acute and chronic middle ear inflammations, and of purulent conjunctivitis, by means of boracic acid. These observations have led me to test its action in other parts of the body.

No better or wider field appeared to present than in cases of gonorrhœal urethritis, so frequently occurring in the practice of every physician, and the treatment of which has, notwithstanding our large experience, remained very unsatisfactory.

The first case of this character in which I prescribed boracic acid, was that of a young man in the acute inflammatory stage of the disease, with abundant discharge, frequent and painful micturition, and very troublesome chordee. Several of the more popular remedies had already been given without affording the slightest relief. After the first day's use of a one per cent. solution, he was no more troubled with chordee. The pain attending micturition was much lessened after a single injection, and disappeared entirely upon a few repetitions. The discharge rapidly diminished in quantity and changed in character, but did not altogether cease for a week.

In my next case—a female with more profuse vaginal discharge—I ordered, as a vaginal injection, a two per cent. (10 grains to the ounce) solution, with even more striking results. The discharge ceased entirely after the third day's use of the remedy.

Three other cases have occurred in my practice in which equally good results were obtained.

In all, then, I can report five cases treated by boracic acid injections, without the assistance of any internal medication. Gonorrhœa is known to be more difficult to cure in persons who have had previous attacks. Yet three out of these five cases had had the disease repeatedly, and the relief to these three was quite as prompt as to the other two. Not one of these cases was seen until after profuse discharge had commenced. Four were in this stage and the other in the fifth week of the affection. Every one of these patients experienced a decided amelioration of pain after the first injections, and in only one did the discharge continue more than ten days after beginning of treatment. This case—the one bordering upon gleet—was not wholly cured for four weeks. I instructed each of my patients to practice the injection three or four times daily; in future cases I shall advise only morning and evening injections after the complete cessation of pain.

My experience with these few cases has led me to the conclusion that a one per cent. solution (about five grains of boracic acid in one fluid ounce of water) will be of sufficient strength for general use.

The antiseptic properties of this substance have been known to the profession for some years. Polli's investigations (referred to by Prof. Stille) shows it to exert a very remarkable anti-fermentative action. He even tested it clinically in cases of chronic cystitis; to these patients he administered the acid internally, and found that after a very few days the muco-purulent deposit disappeared from the urine. Neumann, of Vienna, has also applied the acid locally in parasitic skin diseases.

Having seen these published statements of its properties and uses, I was surprised to find in no text-book on venereal disease any reference made to boracic acid for the purpose I have mentioned.

The number of my observations is yet far too small to permit me to draw from them any general conclusions. I simply present the results thus far attained and invite further trial of the remedy. Nor shall I attempt in this brief communication to discuss whether its action be due to the well known hostility of this agent to the lower forms of life, or simply to some specific action on the blood supply to the mucous membranes. I hope by this note to draw attention to the remedy; if my experience shall be confirmed by that of others, it will then be sufficiently early to study further its mode of action.

Crude Petroleum in Asthma.—M. M. Griffith, (*Medical Record,*) writes as follows: It is a well-known fact that many of our most valuable medicines have been borrowed or developed from general impressions or the prevailing prejudice of the common people in some district or country. Jenner deduced an important scientific truth from the vague notions and common prejudice of the dairymen of Gloucestershire. In like manner has it been with many of the important remedies of the now extensive materia medica, which have often been in use by the common people before being investigated by the profession.

Pursuing this line of observation, we find the veterinary surgeons, farmers, and horse-jockeys now prescribing the ordinary crude petroleum as a remedy for broken wind and heaves in horses, and with

astonishing success, improving the general condition of the animal, giving him a fine appearance, and removing the difficulty of breathing as if by magic; a cure which they are willing to swear is permanent, which assertion I accept with several grains of allowance. Heaves and broken wind I have always looked upon as due to emphysema, and consequently treatment must necessarily be only pallative. Crude petroleum is a stimulating antispasmodic expectorant and diaphoretic of no mean power. It seems to act by stimulating the secretions generally, especially those of the skin, and improving the digestive functions. The dose for the horse is one teaspoonful, in meal, placed well back upon the tongue two or three times a day, coutinued until relief is afforded.

Having seen the beneficial effects of this remedy frequently applied to the horse, I was led to experiment upon that difficult disease to cure, asthma. I used the ordinary oil in various combinations, as in syrups, emulsions, etc.; but however it might be combined, I found that it always produced a disagreeable eructation, and that it was hard to induce patients to persevere in its continuance. But the semi-solid oil that accumulates on the tubing and casings of the wells, and hardens to the consistency of putty, made into pills of five grains by incorporating with some inert vegetable powder, and taken every three or four hours, has afforded almost instant relief. The paroxysms will not return under its usage. It is not curative, but the patient does not suffer while taking the pills, and after a few days the spasmodic symptoms seem to pass off. Many asthmatics are affected only in the spring or fall, and after these attacks pass off they are comparatively comfortable. Nothing has afforded me as much relief in the treatment of hay fever, autumnal catarrh, or asthmatic bronchitis as these pills. The cough and dyspnea are promptly alleviated.

I have already called the attention of the profession to the value of this remedy in pulmonary tuberculosis.

Thorough Drainage in the Treatment of Open Wounds.—Dr. Thomas M. Markoe presents an extended and elaborate article upon this subject in the April number of the *American Journal of Medical Sciences*. He first discusses the Lister treatment of wounds, taking ground directly against Lister's theory, and in part against his practice. Mr. Lister asserts that all the evils, local and general, that result from wounds are caused by the presence of bacteria, which set up inflammatory or destructive action in the wound, and entering the system lead to fever and other constitutional disturbances. Dr. Markoe shows that, while this view has never been particularly proved, there are certainly other influences which modify the course of the local affection, as well as the general condition of the patient. Among these are extensive laceration of the parts, overheating or chilling the same, and irritation by foreign substances, all which may so impair the vitality as to make reparative and perhaps even inflammatory action impossible. Furthermore, as regards the constitutional condition, it is certain that such complications as tetanus, convulsions, and neuralgias cannot be caused by bacteric infection.

Having shown that the Lister theory is insufficient, Dr. Markoe proceeds to argue that the practical methods employed by that surgeon may secure their acknowledged good results in another way than by simply destroying bacteria and preventing putrefaction. On this point the belief is asserted that carbolic acid has a special action in allaying inflammation and promoting repair. What this special action is cannot be explained, but it is known that carbolic acid depresses the vital activity of bioplasm.

Referring to the details of Lister's dressing, the writer is of opinion that many of them are unnecessary, and sometimes even actually injurious. They are also cumbersome and expensive. The thick and heavy wrappings will at times retain the secretions, heat the part, and lead to bad results.

On the whole, Dr. Markoe avers the belief that the theory of Lister is insufficient and unproven; and that the good practical results are due to the specific action of carbolic acid, and the surgical cleanliness which the treatment demands.

The mode of treating wounds, which the writer had been employing for ten months in Roosevelt and New York Hospitals, is then described. It consists in passing rubber drainage-tubes into the wound, making counter-openings, when necessary to secure free drainage, and covering the whole with a few layers of carbolized gauze. Carbolized water is then injected through the tubes at first during every two or three hours; after this less frequently. Fifty-two eases are cited illustrating the good results of this treatment. In almost every instance there was but little traumatic fever, the wound was not painful and reparative action soon set in. The treatment seems to be of especial value in compound fractures. Here counter-openings are generally made and plaster-of-Paris bandages with fenestra then applied.—*Med. Record.*

Paraphimosis—Simple Mode of Reduction.—In very difficult cases, where ordinary means fail, Dr. Bardinet *(Le Praticien)* proceeds as follows: he takes a hair-pin, presses the points together somewhat, and inserts the curved end under the strangulation back of the gland. He then applies a second and a third at intervals around the gland; then, drawing the prepuce forwards, reduces it with great facility, the skin sliding over the three bridges without obstruction.

UNUSUALLY HIGH TEMPERATURES;—The *Chicago Medical Gazette* says with regard to unusually high temperatures: Dr. John W. Teale, of Scarborough, England, our readers will perhaps remember, published a very notable case of extreme high temperature in 1875, which was the subject of considerable criticism at the time. The temperature of the patient, who was suffering from a severe spinal injury, ranged as high as 122° F.; the observations were made with unusual care and confirmed by two observers. The patient recovered, but subsequently had a relapse under another physician, and the same peculiarities were noticed, a thermometer bursting on one occasion at 117° F., the index being found in the broken-off air-space at the top. At the meeting of the British Medical Association at Cork, last summer, a paper on the subject was read by Dr. Donkin, of London, and published in the *British Medical Journal* of December 20, 1879. In it he reports an observation of his own of a case of enteric fever in which the temperature ranged as high as 111.6° F., and also refers to seven other cases observed by competent medical men, in which it was even higher. In none of these were specially dangerous symptoms or conditions mentioned as apparently connected with these high temperatures. On the strength of this Dr. Teale again comes to the front in a communication to the *British Medical Journal* of January 24th, in which he claims that his observations have been fully vindicated, and that the following points are fully established: (1.) "Temperatures above the degree formerly supposed to be necessarily fatal do sometimes occur without a fatal issue; nay, even without extreme peril to life. (2.) Such exceptional and excessive temperatures as a rule end in recovery. (3.) The conditions of body in these cases of excessive temperature appear to be distinct from the conditions existing in fevers, in which the rule as to the extreme peril of temperatures of 107° F. and upward remains unassailed."

MEASLES FOLLOWED BY ALBUMINURIA AND GENERAL ANASARCA.—The occurence of acute desquamative nephritis as a sequela of measles, though not unknown, is sufficiently rare to prove of interest when brought under notice. The following case, it can hardly be doubted, was one of measles, and the patient was admitted to Dr. Perry's care on account of the general dropsy which had set in three or four days before. The patient, a lad of about 16 years of age, states that a few weeks ago he took what seemed to him a common cold. He had a cough which caused him pain in the chest; there was also running at the nose and watering at the eyes. It pained him, also, when he looked towards the light. A few spots then came out on his breast, and as there had been measles in the same house, and patient was not aware of ever having had the disease it was more than suspected that he had now taken it. A doctor was sent for, who pronounced it to be a case of measles. After being three days in bed, and of the third day of the rash, he rose and visited the doctor at his consulting rooms. Patient says it was a cold, blowy morning, but dry, and though he had only a short distance to go, and was well muffled up, he felt very cold and "light in the head.,' This was on a Thursday. On the following day, the rash was almost gone; his cough was worse, and he could take little or no food. No improvement took place, and yet on the following Monday evening he resumed his employment—that of a hammerman on the "night shift," in a tube work. From the nature of his employment, he was exposed to excessive heat, requiring him to "cool down" from time to time, in the open air. After being two nights at this work, his face was slightly swollen, and he had what he calls "a sleepy feeling" in his legs. On the third morning (Thursday) his face, abdomen, and legs were very much swollen; he was sick, and vomited once or twice. He took to bed that evening. He does not seem to have had any particular pain or uneasiness at this period, but he noticed that he made water often, and very little at a time. The scrotum and penis then began to be œdematous. He was much in the same condition when admitted to Ward III on the following Monday (Feb. 9th), except that the swelling in the lower limbs was less, and chiefly confined to the feet. He was still passing water frequently, and in small amount—not more that four or five pints in the twenty-four hours—and this continued for at least a few days after his admission. It was of a dark smoky colour, highly albuminous, and contained epithelial tube casts. Specific gravity 1013. He was treated with infusion of digitalis, and very soon the amount of urine excreted reached the normal quantity. The œdema of the feet first disappeared, then that of the face, and lastly the ascites. The urine is still slightly albuminous. The case is interesting, not merely as illustrating a connection between measles and renal disease, but as pointing very conclusively to exposure as the cause of the complication. However doubtful exposure to changes of temperature may be as a general cause of dropsy after scarlet fever, it is surely not too much to suppose that the extraordinary want of care on the patient's part of himself, both during the height of the attack and during convalescence, determined this extraordinary, or at least very unusual, sequela of measles.—*Glasgow Medical Journal.*

ALKALIES IN ANÆMIA.—Dr. W. Nicholson (in the *Practioner*) writes strongly in favour of a more extensive use of alkalies, particularly of potash, in anæmia, due to hepatic disorder, the most common of all forms of the affection; that alkalies have a beneficial action on the liver, which action tends to restore the blood to its normal character; and

that alkalies ought to take the place of iron in the treatment of anæmia. He insists on the action of alkalies as general remedies, observing that their local antacid effect is the least important action of all. In his opinion the most noteworthy influence of potash, which is seen in the increased secretion and greater fluidity of the bile, is exercised on the liver, an organ which he regards as principally an eliminator of waste products from the blood; potash is further a very feeble diuretic, any action it may have on the glandular system is indirect, and due solely to its action on the liver. Contrary to the general belief, also, the author has never found alkalies depressing, though he is in the habit of giving them largely and continuously, even to old and middle aged people.—*Glasgow Med. Journal.*

Treatment of Puerperal Infection by washing out the Uterus.—M. Lalesque has treated two cases successfully in this way, using injections of carbolized water. In the first case, a primipara, the forceps had to be applied; there was hæmorrhage both before and after delivery, and the placenta was adherent. On the second day after the confinement, up to which time there had been slight fever, abdominal pain, and distension, she was seized with a violent rigor, and passed into a state of high fever, with sleeplessness and delirium at night. On the third day, the general condition was grave: the fever acute, pulse 120, skin dry, face shrivelled, eyes hollowed, respiration embarrased, bronchitic râles on auscultation; no abdominal troubles, save diarrhœa. The uterus was then washed out with a 1 to 200 solution of carbolic acid, which brought away some blood clots, and blackish, fœtid *debris*. In the evening, her condition being unimproved, the uterus was again washed out. In the space of half-an-hour she had three successive syncopes. There was relaxation of the sphincter. Night sleepless. On the fourth day the symptoms were less acute, but in the evening she had another rigor, more violent than the first, lasting half-an-hour, and accompanied with intense dyspnœa. From that day, however, she rallied. The intra-uterine douche was applied, by means of a double current catheter, up to the ninth day, at first three times, and then twice daily. At the same time, tonics and sulphate of quinine were administered. Albumen was never found in the urine. The lacteal secretion never disappeared.

The cause of all the mischief in this case was set down to uterine inertia; and it was held that the uterine douche of carbolized water was the best treatment, whether it acted only locally or specifically against the puerperal septicæmia.

In the second case the woman, also a primapara, aborted at the fifth month. Twin fœtuses were discharged, and one placenta was removed, prior to admission to the hospital. On the fourth day the fœtid *debris* of a placenta began to come away, and it was only then that the physician was apprised of the above facts. Fearing the occurrence of symptoms similar to those in his first case, M. Lalesque for four days carried out the intra-uterine douche treatment, after which time the lochia were quite sweet.

In conclusion, he urges that the various evils said to follow on the use of this method, such as hæmorrhage, peritonitis, &c., have not occured in his own experience, and need not if due caution be used in the introduction of the instrument, and great gentleness in the injection of the water.—*La France Médicine.* No. 2. 1880. *Glasgow Med. Journal.*

Treatment of Acute Bronchitis.—(*Paris Médical*) Dr. Bozzi has ascertained, as the result of a large experience, that the following medication cures acute bronchitis in the most certain and rapid manner:

℞ Yellow sulphide of antimony, 1 gram = 15.4 grs.
Dover's powder, 1 gram = 15.4 grs.
Powdered sugar, 3 grams = 46.2 grs.

M. Divide into ten parts, and take one every three hours—but no more than four doses should be taken in the twenty-four hours. The same medication is also very useful in acute exacerbations of chronic bronchitis, as well as in that symptomatic of cardiac and pulmonary diseases. The diet should be limited to the use of warm sweetened milk and chicken soup. The temperature of the sick room should not be lower than 12° Réaumer (60° Fah.)—*Clinical Record.*

Treatment of Chronic Eczema of the Palm.—Dr. Lush gives the following lotion, which he has found to be beneficial in allaying the intense irritation which so often accompanies cases of chronic eczema rimosum of the palm. It consists of bicarbonate of soda, 2 drachms; bicarbonate of potash, 1 drachm; glycerin, 1·5 drachms; tincture of opium, 2 drachms; water, 18 ounces. Dr. Lush considers this bicarbonate of soda solution almost, if not quite, a specific for the relief of the intense burning irritation which often attends chronic eczema, more especially if the patient has a rheumatic tendency.—*British Medical Journal.*

Chloral in Puerperal Convulsions.—*Gazette Hebdom.:* At the Paris Hospital Medical Society M. Guyot stated that he had met with remarkable success in the use of chloral in the treatment of eclampsia. From 1st of January to 15th of July of last year he had met with fourteen cases in his lying-in ward, and of these thirteen recovered. The chloral had been administered as an enema, in doses varying from four to sixteen grams in the twenty-four hours. In cases in which congestion existed venesection was also practiced.

USES OF BORACIC ACID.—Dr. F. P. Atkinson (London *Practitioner*, April, 1880) says: Considering the well-known antiseptic properties of boracic acid, it is exceedingly curious how little it has been administered as an internal remedy. Its effect in diphtheria, both locally and internally, is very marked, and the following statement by Drs. Cossar Ewart and Malcolm Simpson proves in a pretty conclusive manner the action it has upon the disease germs: "Pieces of membrane which had been brushed with a saturated solution of boracic acid, when placed on the warm stage of the microscope, showed the characteristic bacilli; but these were absolutely innocuous, and instead of lengthening into spore-bearing filaments, micrococci bacterium termo or torula appeared in their stead. By the use of the acid the disease was shortened and the other members of the family were protected from infection." In the treatment of *puerperal fever*, combined with sulphuric ether (which is also an antiseptic), and when it has been found necessary a little tincture opium, it has given more decidedly beneficial results than anything with which I am acquainted. I feel certain that it ought to hold an important place in the treatment of carbuncular disease—erysipelas, cholera, scarlatina, enteric, typhus, and intermittent fever—and in fact all those cases which are known to have a septic origin. From what I know of its power in combating the action of disease germs, I cannot help thinking it would materially lessen, not only the intensity, but also the duration of the various eruptive fevers. I incline to this belief very strongly; time will quickly show whether it is correct or not. It is but sparingly soluble in cold water; an ounce will only take up about 18 grains, but a drachm of boiling water will dissolve about 5 grains. The dose is from 5 to 15 grains. It has one particular recommendation, and that is its tastelessness.

ASPIRATION OF THE KNEE JOINT.—Dr. Henry A. Marcy, of Boston, urgently advises the early removal of serous or purulent effusion in the synovial capsule by aspiration, and a repetition of the process on the reaccumulation of fluid. He supports his method by a formidable array of testimony in its favour, showing not only its safety but its decided curative results. The late Professor E. A. Cooper, of San Francisco, some twenty years ago, and before the modern process of aspiration was in use, never hesitated to open a suppurated knee joint with the knife. He utterly discarded the old idea of danger from the operation, and his success warranted his course in this respect. According to his teachings, the universal dread of admitting air to the synovial surface had no more foundation in reason and experience than the universal practice of treating wounds with hot oil in the time of Ambrose Paré.—*Pacific Med. and Surg. Journal.*

CAUTION IN REGARD TO CHRYSOPHANIC ACID.—Physicians prescribing chrysophanic acid—which is now coming so largely into use in the treatment of skin diseases, especially ringworm—should warn their patients against the accident of introducing it into their eyes, through rubbing their eyes with their fingers, etc. Dilatation of the pupil ensues, accompanied with intense inflammatory itching and burning, causing much pain for the few days it lasts, though the inflammation soon subsides.

TARTRATE OF MORPHIA.—The new preparation of neutral tartrate of morphia is a useful adjunct to our therapeutics. Being very soluble it passes quickly out of the system, and gives less of the unpleasant after effects than either the muriate or acetate. Its great solubility makes it particularly advantageous for subcutaneous injection. It gives little smarting or irritation when thus administered, and the solution never clogs the finest needles.

THE BARKER TREATMENT OF CROUP.—The treatment introduced by Fordyce Barker, ten years ago, consists in: an emetic, preferably of "Turpeth mineral" (2-5 grains); veratrum viride, till pulse is reduced to 60, where it is to be kept (two drops every hour is the usual dose); quinine, in tonic doses.

At dinner a lady had a doctor on either hand, one of whom remarked that they were well served, since they had a duck between them. "Yes," she broke in—her wit is of the sort that comes in flashes—"and I am between two quacks." Then silence fell.

MRS. JOHN JACOB ASTOR has presented a "loving cup" of solid silver, lined with gold, about twelve inches high and six inches in diameter, to the New York Academy of Medicine, "as a messenger of a true sympathy in the purposes of the Society."

A SUCCESSFUL CASE OF OVARIOTOMY, during the sixth month of pregnancy, is reported by Dr. A. L. Galaban, in the *British Medical Journal*. Delivery took place at the full term, and mother and child did well.

DR. CURNI, IN THE MICHIGAN MEDICAL NEWS, says he has never known a failure to cure sweating by sponging the body with a solution of sulphate of quinia, one drachm to the pint of alcohol.

A little bicarbonate of soda, added to the water in which the hands are washed after applying plaster-of-paris bandages, immediately removes the plaster.—*Western Lancet.*

THE CANADA LANCET.

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AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, JUNE 1, 1880.

REGINA vs. COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

JUDGMENT OF CHIEF JUSTICE HAGARTY.

We give herewith the judgment of Chief Justice Hagarty, in the case of Dr. A. E. Mallory, who obtained a rule *nisi* calling on the defendants to shew cause why they should not enter his name on the Ontario Medical Register as duly qualified and licensed to practice medicine, surgery and midwifery in the Province of Ontario. Dr. Mallory was a Canadian graduate in medicine, who subsequently qualified and registered under the Imperial Medical Act of Great Britain. On his return to Canada he applied to the Registrar of the Medical Council of Ontario, paying his registration free of $10, but the Council refused to enter his name upon the register.

"December 27th, 1879. In the manner in which the matter has been argued and placed before us, we understand that, apart from technical objections, our opinion is desired as to the right of the defendants to refuse registration to a regularly qualified and registered practitioner, under the Imperial Act known as the Medical Act, without submitting to the examinations prescribed by the rules of the defendants' College. This applicant has paid, or offered to pay, the ordinary fees required for registration.

Shortly before Confederation the then Parliament of Canada passed the Act (1865) 29 Vict. ch. 34, providing for a register of licensed practitioners, and for the admission thereto on a fee of $5 for qualification obtained up to 1st of January, 1866, and not to exceed $10 for qualification obtained thereafter. Schedule A contained a list of persons qualified for registration, amongst them medical or surgical degree or diploma of any University in Her Majesty's Dominions, diploma or license as physicians or surgeons from the Royal College of Physicians or Royal College of Surgeons, London, or a certificate of registration under the Imperial "Medical Act" 21 & 22 Vict., or any Act amending the same.

The British North American Act, passed 29th of March, 1867, sec. 73, declares the Provincial Legislature "may exclusively make laws in relation to education." On the 24th of March, 1874, the Ontario Act, 37 Vict. ch. 30, was passed to amend and consolidate the laws relating to the medical profession in Ontario, repealing previous Acts. The main provisions appear in Rev. Stat. O., ch. 141, sec. 24. All persons qualified under schedule B prior to July, 1870, may register on payment of a fee of not over $10; and (sec. 25) all persons not so qualified should submit to examination. This section B (as in the Act of 1865,) allows as a qualification the certificates of registration under the Imperial Medical Act, or any Act amending same. But as the present applicant obtained his Imperial qualification long after 1870, it is urged here that he cannot claim any privilege therefrom.

Sec. 23 leaves it optional with the Council to admit to registration persons registered in Great Britain, on such terms as the Council may deem expedient.

Sec. 25, as to a person not qualified under schedule B: besides examination he must pay such fees as the Council may by general by-law establish. On behalf of the applicant, the Imperial Act 21 & 22 Vic. ch. 90, and the amended Act of 1868, hereafter cited, are strongly relied on.

The Imperial Act (1858) established a Medical Council and Register. Sec. 31 declared that every person so registered should be entitled to practice medicine and surgery "in any part of Her Majesty's Dominions." The Imperial Statute, 31 Vic. ch. 29, was passed on the 29th May, 1868. It recites that by sec. 31 of the "Medical Act," 21 & 22 Vic. ch. 90, it is enacted that every person registered under this Act shall be entitled, according to his qualification or qualifications, to practice medicine or surgery, as the case may be, in any part of Her Majesty's Dominions, and to demand and recover in any Court of Law, with full costs of suit, reasonable charges for professional aid and

advice and visits, and the costs of any medicines or other medical or surgical appliances rendered or supplied by him to his patients. It enacts (2): "The 'Colony' shall in this Act include all of Her Majesty's possessions abroad in which there shall exist a Legislature as hereinafter defined, except the Channel Islands and the Isle of Man. The term 'Colonial Legislature' shall signify the authority other than the Imperial Parliament or Her Majesty in Council competent to make laws for any Colony."

3. "Every Colonial Legislature shall have full power from time to time to make laws for the purpose of enforcing the registration within its jurisdiction of persons who have been registered under the 'Medical Act,' any thing in the said Act to the contrary notwithstanding; provided, however, that any person who has been duly registered under 'The Medical Act' shall be entitled to be registered in any Colony, upon payment of the fees (if any) required for such registration, and upon proof, in such manner as the Colonial Legislature shall direct, of his registration under the said Act."

The case on behalf of the defendants was argued by Mr. Crooks in a fair and candid spirit, admitting, as of course was necessary, with the Federation Act before us, that if the Imperial Parliament distinctly legislate for us they can do so, notwithstanding any previous enactment or alleged surrender of the power of exclusive legislation on any subject. But it was ably urged that, as the subject of education was one in which the exclusive right was given to this Province, we should read the subsequent Imperial Act as not interfering with the right so granted. To this it may be argued that where the Federation Act speaks of any such exclusive right, it means exclusive as opposed to any attempt to legislate by the Dominion Parliament. But it appears to us that the language of the Imperial Act already cited is too clear for dispute. It declares pointedly and most distinctly that a person on its register shall be entitled to registration in any Colony on payment of the fee (if any) required for such registration; and the definition of 'colony' clearly includes Canada.

It is impossible for us to refuse to these clear words their equally clear interpretation. It must be borne in mind that at the date of Confederation the Imperial Act of 1858, with the general words, "in any part of Her Majesty's Dominions," was in force, and that in the amending Act of 1868 the Imperial Parliament was legislating for over forty colonial possessions of Great Britain, and not merely for the British Isles. It was hardly, in any view, an unreasonable assumption that for such a diversified empire, with so many colonies in various stages of national development, to take it for granted that a scientific qualification deemed sufficient for the advanced civilization of the parent State would be willingly accepted as sufficient for the empire at large. It would have been, perhaps, not free from reasonable objection to have admitted to practice in England every person said to be qualified by any local law in any of the colonies. It would have been, perhaps, painfully invidious to except any one or more of the Queen's possessions, on the assumption that it had attained a higher level in medical education.

We do not think it necessary to discuss a question suggested rather than argued, as to the right of defendants to require persons claiming registration without examination to pay any increased fee demanded by them. Mr. Crooks did not press any such point, and we do not feel inclined to impute to a body of gentlemen representing the medical profession in Ontario, standing so deservedly high in public repute, a desire to do more than to ascertain their legal rights, and not to evade their performance, or induce submission to an unlawful requirement, by the imposition of what may be termed 'differential duties' against those who may seek to make this country their home, on the faith of the general law of the Empire."

Justices Armour and Cameron concurred in the above judgment, and the rule was made absolute. It is now a settled fact that a medical practitioner registered in England under the Imperial Medical Act, is entitled, without examination, to registration in Ontario on payment of the proper fees, even though his registration in England has been after July 1870, and a mandamus will be granted to the proper authorities here to admit him to registration on payment of such fees.

NURSING AT GUY'S HOSPITAL.

The appointment a short time ago of a new matron at Guy's Hospital, London, and the reorganization by her in November last of the nursing system, by the introduction of new nurses and arrangements in accordance with the modern train-

ing-school, have occasioned considerable opposition among the medical staff and students. Letters were published in the medical journals in which it was claimed that the old system was as good as the new, and the old nurses quite equal to those who received a special training. The discussion *pro* and *con* has been continued with a good deal of acrimony, and in the April number of the *Nineteenth Century*, one of the present nurses, Miss Margaret Lonsdale, the author of "Sister Dora"—if any of our readers know who Sister Dora was—comes out with a strong indictment against the old-fashioned nurses, the doctors and the medical students. The nurses, she asserts, were of the char-woman class, ignorant, coarse, unclean, drunken, and immoral generally, and the doctors tolerated this class of women, and now resent their withdrawal, and oppose the lady nurse of which Miss Lonsdale is a representative, because she imposes upon them decent restraints· The medical students, who are "an ill-mannered set," seemed to consider that they had a perfect right to go through the wards whenever they pleased, to give orders to the nurses and create confusion generally. It was also intimated that the relations between the house-surgeons and the nurses were not always of the most proper kind.

Of course it was not to be expected that this extraordinary denunciation of the medical staff, students and nurses, would be allowed to pass unnoticed. Accordingly replies have been published in the May number of the *Nineteenth Century* by Sir. Wm. Gull, consulting physician, and Dr. Habershon; and Dr. Moxon, publishes a reply in a recent number of the *Contemporary Review*. These gentlemen are well known as men of integrity; they are intimately acquainted with the management of the Hospital, and they all concur in refuting the calumnies uttered against the nurses by Miss Lonsdale, and in exposing the absurdity of the argument that "doctors are not necessarily judges of the details of nursing." Sir Wm. Gull expresses regret that a good cause—that of enlisting the sympathies of the authorities in favor of a better class of nurses—should have been impaired by the want of fairness or want of knowledge which has prevented the writer from recognizing the labors of others. He says in his concluding paragraph, "the tone in which she has written respecting all concerned, whether medical men, students or nurses, is exaggerated, disrespectful and unfair. The reckless way in which a worthy though uneducated class of women are stigmatized, the unworthy motives which are attributed to gentlemen of education, the statement that medical men and their pupils are so devoid of moral sense and refinement that their words and ways are only decent because a lady is present in the wards to restrain them, and that the opposition to lady nurses is grounded upon nothing so much as upon the desire to get rid of such restraint,—all these utterances taken together, indicate, on the part either of the writer or of those who have inspired her, an animus which all must deplore. For my own part I have special grounds for regret, comparing small things with great. I had long hoped that our large hospitals might be made as available for the education and training of carefully selected women for nurses, as they have so long and successfully been for the education of medical men; and whilst I have been encouraging the authorities of Guy's to prosecute this movement, comes this writer's article like a dead fly in the ointment of the apothecary, and mars the work."

While we do not for one moment believe that the nursing in Guy's hospital is as bad as Miss Lonsdale would have the public suppose, we have at the same time no doubt that there was and is room for improvement, and that those attempting the reform were not altogether wrong, but were, perhaps carrying out their plans in rather too arbitrary a manner, and with too little regard for the opinions and wishes of the medical staff. It must be conceded that a requisite amount of training of the proper kind in an hospital or school for the purpose, will render the recipient much more competent to undertake the duties of a nurse than was the case with those of the old-fashioned style, and therefore every encouragement should be given to trained nurses. They should, however, always bear in mind that their duties begin and end with their patients, and in carrying out the instructions of the physician in charge, and not in supervising his conduct or the conduct of the students around him.

"SALISBURY METHOD" OF TREATING CONSUMPTION.

Considerable attention has recently been given to the method of treating consumption by what is

known as the "Salisbury diet method of cure." Dr. Salisbury considers phthisis to be the result of a distinctive agency foreign to the body and introduced from without by certain ingesta. The subject has engaged his attention for a long period of years, and his opinions are at least deserving of consideration, whatever may ultimately be found to be the value of the treatment recommended. His theory involves several ideas, all of which may be true, or the facts on which the theory is built may be correct and the theory incorrect; for experience shows that facts and theories are not always equally true. Many examples of this might be cited. The profession is not unfrequently most capricious in dealing with facts and fancies, admitting some which are most problematic, and rejecting some that are true.

With regard to Dr. Salisbury's theory, it is based on the assumption that phthisis is due to defective alimentation and imperfect assimilation, and may be remedied by strict attention to dietetic management. For many years past the treatment of phthisis has been approached a great deal too exclusively from the climatic side of the problem. The great benefit derived by some invalids who go to a warmer climate, comes from the fact that the climate is such that they can be in the open air much of the time, and this is of itself most beneficial; but the dietary in such countries is, according to Salisbury's theory, most injurious, so that what is gained on the one hand is lost on the other. He, therefore, recommends a fixed diet, which consists almost exclusively of meat, the exclusion of all food that will ferment in the stomach—all kinds of fruits and vegetables, sweet and sour (except lemon). The principal food is broiled steaks; but chicken broiled, oysters broiled or raw, with lemon juice instead of vinegar, and wild game, may be taken occasionally. A small quantity of bread and a cup of tea or coffee, without sugar or milk, may also be taken. The round steak is to be preferred because of its juiciness. It should be prepared by first trimming off the fat, then chopping it fine as for sausage meat, and placing it in a broiler covered with a plate. No butter, salt, or pepper, should be used until it is cooked, as these things have a tendency to harden the meat. Where the patient can eat but a small quantity of meat at a time, he should begin with five meals a day, served warm, and never hurry mastication. Salt and most spices may be used, while lemon juice should take the place altogether of vinegar.

Another feature of this system of treatment is, that the patient himself is to do the work, and not leave all to the treatment of the physician. This keeps the mind employed, and moderate daily exercise will relieve the monotony of the sick room. Any gentle exercise may be indulged in, which is not too exhausting and which will expand the chest, such as the use of the dumb-bells, calisthenics, &c. The expansion of the chest by the inhalation of air to the full capacity of the lungs, will be attended with marked benefit. Where patients are very weak, brisk rubbing of the body will be found an excellent substitute for any better form of exercise. Stimulants, in moderate quantity, as good whiskey, or New England rum, may be used, and will be found to impart much increased vitality. This plan of treatment has been put in practice, not only by Dr. Salisbury, but also by many of his followers, with good results, and is worthy of the attention of the profession.

THE LATE DR. TURQUAND.

The death of Dr. Turquand of Woodstock, which it is our painful duty to chronicle, will be as much a surprise to many of his professional friends as it was to ourselves when we received the first intimation of it. The deceased was born in the Island of Malta, when the affairs of that Island were administered by his father as deputy to the Receiver-General of Canada. He came to Canada when quite young, and was a pupil at the old District School under the then Ven. Arch-Deacon Strachan, and when Upper Canada College was opened, he was one of the first pupils to enter the College. After completing his literary educational course, he turned his attention to the profession of medicine, pursuing his studies under the late Dr. King, and in 1836 took his degree in McGill College with marked distinction. At the earnest solicitation of the late Rector of Woodstock—Canon Bettridge, and also of Admiral Vansittart, he commenced practice in Woodstock, where he has continued up to the time of his death. He had a strong hold upon the confidence of the people of his adopted county, and, besides securing a large and lucrative practice, he held many important

offices and appointments He was a member of the Ontario Medical Council from 1866 to 1869, and occupied the Presidential chair in 1868. His name was before the electors of the Territorial Division of Gore and Thames as the representative on the Medical Council in the present election, and with almost the certainty of being elected. He was also President of the Oxford Medical Association, surgeon to the 2nd Oxford regiment, physician to the County prison, medical adviser of the Great Western Railway Co. &c.,&c. In his social relations he was kind and affectionate, thoroughly unselfish, and was ever ready to lend a helping hand to any enterprise of a public or private beneficial nature. His funeral was very largely attended, and bespoke the kindly feelings and warm attachment of a large circle of devoted friends, desirous of paying their last tribute of respect to his memory. He leaves a wife and family of three sons and three daughters to mourn his loss.

ONTARIO MEDICAL COUNCIL EXAMINATIONS.—The following are the names of the successful candidates in the recent examinations of the Council of the College of Physicians and Surgeons of Ontario :—

Final Examination.—W. L. Allen, F. H. S. Ames, James Anderson, J. M. Boileau, George Bowman, W. W. Boyce, M. Brownlee, D. C. Buchner, A. W. Campbell, H. H. Chown, W. S. Clark, G. H. Clemens, L. B. Clemens, George Colquhoun, J. M. Cotton, W. J. Cross, A. N. DesRosnier, J. F. Dickson, Judson Ellis, A. Fisher, J. E. Galbraith, J. J. Glendenning, John Gordon, T. N. Greer, W. E. Hamill, D. S. Hoig, W. H. Howey, D. G. Inksetter, G. W. Judson, J. K. Kippax, F. B. Lundy, H. G. Mackid, W. E. Macklin, J. McCarroll, B. McKenzie, R. J. McKinnon, R. McWilliam, J. Odlum, R. Patterson, J. M. Piper, J. H. Radford, J. G. Scott, L. E. Shepherd, H. B. Small, G. B. Smith, A. Soper, T. C. Spence, T. H. Tracy, M. Wallace, Hugh Watt, J. V. White, Thomas Wilson, G. C. Hart.

Third year.—F. Howitt, W. A. Lavell, W. A. Mearns, H. H. Reeve, A. C. Jones.

Primary.—H. W. Aikins, Wm. A. Allen, W. M. Brett, J. H. Betts, W. F. Eastwood, C. V. Emery, A. H. Ferguson, James Ferrier, H. D. Fraser, A. C. Gaviller, W. J. Gibson, W. Hanbridge, D. A. Johnston, Duke Lloyd, James Lafferty, T. McCarthy, H. P. McCausland, George McLain, H. R. McGill, J. S. McGurn, V. H. Ogden, J. F. O'Shea, Edward Oldham, A. C. Panton, W. F. Peters, J. E. Shaw, E. A. Spilsbury, J. M. Stewart, W. J. Tracy, John Walker, David Wallace, R. R. Wallace, F. E. Woolverton.

Second year.—James F. Bell, G. S. Cleland, J. T. Duncan, R. S. Frost, E. G. Knill, T. M. Milroy, D. W. Montgomery, M. McPhaden, David Rose.

TORONTO UNIVERSITY MEDICAL EXAMINATIONS.—The following is the list of successful candidates in the recent medical examinations in the University of Toronto :—

First Professional Examination.—Clarke, H. S., Davidson, A. B., Hansler, J. E., Lepper, W. J., Meldrum, J. A., Robinson, W. J.

Second Professional Examination.—Bell, J. F., Cleland, G. L., Duncan, J. T., Eastwood, W. F., Ferguson, A. H., Ferrier, J., Fisher, R. M., Hanbridge, W., Johnston, W. H, Kent, F. D., Knill, E. G., Lafferty, J., Milroy, T. M., Montgomery, D. W., McMurrich, J. P., Panton, A. C., Wallace, R. R., Woolverton, F. E.

Primary Examination.—Aikins, H. W., Chapman, A., Elliott, H. R., Johnston, J. M., Kerr, H.

Third Year.—Duncan, J. H., Mearns, W. A.

Candidates for M.B.—Ames, F. H. S., Anderson, J., Beatty, W., Bentley, F., Bowman, G., Bryce, P. H., Clemens, L. B., Clemens, G. H., Cross, W. J., Dickson, J. F., Ellis, J., Ferguson, J., Fisher, A., Glendenning, J. I., Greer, T. N., Hatton, E. F., Hoig, D. S., Lundy, F. B., Macklin, W. E., Martin, M., McDonald, C., McKechnie, N., McWilliam, J., McWilliam, R., Patterson, R., Radford, J. H., Shaw, J. E., Smith, G. B., Smith, H. W., Thompson, G. B., Thuresson, E. M., Welford, A. B., Wilson, R.

Candidates for M.D.—Hamilton, C. J., Lesslie, J. W., McCarroll, J., O'Neil, E., Park, T., Pyne, R. A.

SCHOLARSHIPS.—First year, Robertson, W. J.; second year, Wallace, R. R.; third year, Duncan, J. H.

MEDALS.—University gold medal, Cross, W. J.; University silver medal, 1, Bryce, P. H.; 2, Ferguson, J.; Star gold medal, Cross, W. J.; Star silver medal, Bryce, P. H.

TRINITY UNIVERSITY CONVOCATION.—The convocation for conferring degrees in medicine in this University was held on the 19th ult. The following gentlemen received their degrees and standing as given below :—M. D.—G. T. McKeough,, R. P. Mills, J. McIlhargy, J. A. McKinnon. M. B.—J. McWilliams, Gold Medallist; M. Martin, Silver Medallist; W. Beatty, L. B. Clemens, H. W. Smith, R. Patterson, Certificates of Honour; F. Bentley, W. W. Boyce, M. Brownlee, F. Cattermole, G. F. Hatton, J. A. Hunter, R. L. Island, G. P. Jones, F. B. Lundy, R. McWilliam, G. A. C. McIntosh, J. A. McNaughton, D. McTavish, N. L. McPhatter, R. Patterson, J. E. Shaw, J. M. Shaw, R. Wilson, E. S. Wilson, T. C. Spence, E. A. Smith.

Primary.—J. Baugh, J. M. Johnston, Certificates of Honor; E. S. Spilsbury, G. M. Maclean, R. Raikes, H. C. Wilson, J. W. Ray, C. W. Belton, A. E. Stutt, and H. H. Atkinson.

The Chancellor, Hon. G. W. Allan, congratulated Trinity Medical College on the wide field of its labours, and alluded to the fact that the silver medallist came from Prince Edward's Island. He reminded the graduates that in no profession would they do more good—unless in the ecclesiastical profession—than the one in which they were about to embark.

VICTORIA UNIVERSITY CONVOCATION.—The following gentlemen received the degree of M. D. in this University on the 19th ult. :—M. D.—Montreal French School—G. H. Girard, L. O. Lavaille, Jos. E. Tournier, James Kobillard, W. C. H. Beaupie, C. L. H. La Roque, Jos. L. Carignan, Jos. E. Bergeron, Jos. E. E. Roy, O. E. Belcourt, M. E. St. Jacques, A. O. Comiro, Jos. M. Beausoleil, Jos. Blondin, W. Conlombe, H. Paquette, N. Beaudet, G. Th. Moreau, S. E. Bergeron, T. Vadnair, I. O. Lacerte, F. X. Lachapelle, Jos. E. Lafarge, L. Jos. Roy, A. Gauthier, L. De Vandreuil.

Toronto School.—L. E. Sheppard, C. MacDonald, W. E. Hamill, F. H. S. Ames, G. H. Clemens, J. F. Dickson, G. B. Thompson, J. Gordon, L. Munro, W. MacKechnie, Jos. H. Radford, G. B. Smith, H. Meikle, J. B. Hunter, A. W. Campbell, H. Watt, J. L. Glendenning, T. N. Greer, G. L. Milne, W. R. Sutherland, J. M. Piper, J. V. White. Wm. T. Park, C. A. Hamilton, J. J. Galbraith, (*ad eundem.*)

MATRICULANTS IN MEDICINE.—The following candidates passed the Matriculation examination before the examiners of the College of Physicians and Surgeons, Ont., at their recent sitting :—

J. D. Wilson, Amos F. Bowman, Norman, B. Cash, W. G. Anglin, Henry C. Disney, J. A. Cole, John F. Cowan, John Ferguson, Alexander Sangster, E. Harry Webster, Edward G. Wood, Peter T. Kilgour, Chas. E. Cochrane, T. H. Lauder, Archibald W. Crosby, Albert F. Tracy, Robert Hislop, Andrew D. Lake, James McMichael, William Jacques, Duncan A. Cameron, Adam G. Elliott, Fred. G. Lundy, Walter Henry Wright, Wm. Kennedy, Edward S. Holmes, Mrs. F. S. McGillivray, Andrew Christie, James H. McCullough, T. O'Brien, I. Francis Martin, Mary E. Coleman, D. M. Staebler, Robert S. Smith, Duncan P. McPhail, George Shoults, A. L. Leitch, Charles E. B. Duncombe, Thomas H. Fahey, James F. Johnston, Thomas Porter; George S. McGhie, T. H. Robinson, Thomas A. Moore, Horan Bascom. E. M. Hoople, Robert A. Barber, T. B. Davies.

HALIFAX UNIVERSITY CONVOCATION.—At the recent convocation of the above-named University, the following gentlemen received their degrees and standing respectively :—

M.D., C.M.—C. A. Mosely, and J. J. McLean, with honors.

Primary Examination.—M. C. Atkinson, and W. N. Woodill.

QUEEN'S UNIVERSITY CONVOCATION.—The following gentlemen have received the degree of M. D. in Queen's University: H. H. Chown, B.A., J. E. Clarke, L. E. Day, C. R. Dickson, C. S. Empey, J. E. Galbraith, J. H. Knight, P. McPhaden, J. Odlum, H. H. Reeve, W. D. Reid, Thomas Wilson, B.A., W. H. Waddell, W. A. Lavell.

JOHNS HOPKINS UNIVERSITY, BALTIMORE.—Dr. W. K. Brooks, Associate Professor of Biology, has chosen Beaufort, N.C., as the place for the third session of the Marine Zoological Laboratory of the University. The session extends from April 24th to September 1st. Papers on the subject of Biology will be published as heretofore from time to time under the joint editorship of Prof. H. N. Martin and Dr. Brooks. Three other journals are conducted by professors of this University, viz :—The *American Journal of Mathematics* by Prof. J. J.

Sylvester; The *Am. Chemical Journal* by Prof. Ira. Remsen; and the *Am. Journal of Philology*, by Prof. B. L. Gildersleeve.

Automatic Ventilator.—We have been shown a very ingenious device by Mr. Sayers, of Guelph, for the ventilation of houses, schools, churches, and public buildings. The apparatus is adjusted to the top of the window case. It stretches across the entire width of the window and permits of the entrance of a current of air near the ceiling, at the same time excluding snow, rain, dust, or sudden gusts of wind. The latter is accomplished by the automatic closure of the valves by a forcible current of air. The advantages claimed for it are: 1st. The admission of air in such a way that it is warmed as it enters the room, being forced to mix with the warmer air near the ceiling. 2nd. The automatic valves and filter prevent the admission of rain, snow, or dust—any wind violent enough to raise dust, closes the valves. 3rd. It is simple in its arrangement, easily managed, and does away with the necessity for weights or pulleys in the sash. 4th. With one of these ventilators in an ordinary sized bedroom, it can be left open in all weather, and renders the air as pure as outside air without chilling the room, doing away with the danger of escape of gas from burners or base-burning stoves, and finally with a fireplace in the room it may be considered the most perfect system of ventilation as yet proposed.

The Approaching Census.—The propriety and utility of taking the census of a country at stated periods has long been recognized, but in order to its being of value it requires to be carefully and correctly done, not hurried over as an unpleasant task, or a useless piece of formality. As regards the information to be ascertained, it is needless to say that it should not fall behind that which was obtained at the last census, but should, if possible, be more complete. In addition to the usual information it would add very much to the value of the returns if an enumeration of the number of sick persons were given—those who require medical advice, or who are disabled from following their usual occupation by reason of sickness. The name of the disease might also be given. This would eventually lead to the more careful collection of vital statistics, a matter of very great importance in the progress of sanitary reform. This duty would increase the labours of the enumerators only very slightly, and if carefully and uniformly filled in, would be of the greatest possible benefit, and very much increase the value of the reports. It is to be hoped that every effort will be put forth at the approaching census to obtain that correctness and uniformity which will give increased value to our national census report.

Death of a promising Student—The lamented death, after a short illness, of H. W. Rath, first silver medallist in the Fellowship Examination of Trinity Medical School, Toronto, is worthy of more than a mere passing notice. A few days after the close of the examinations, he was attacked with severe hemoptysis, which was followed by great prostration and impairment of the action of the lungs. He was too ill to be present at the school when the prizes were distributed, and the medal was taken to his bedside and given to him there. A few hours later life had fled. Mr. Rath was a native of Mitchell, but moved here with his mother last fall to attend the classes. He was a great favorite with the professors and his fellow-students at the College.

The British Medical Association.—The 48th annual meeting of the British Medical Association will be held at Cambridge, commencing August 10th, under the presidency of Dr. G. M. Humphrey. The address on medicine will be delivered by Dr. J. B. Bradbury, Physician to Addenbrooke's Hospital; and in surgery by Timothy Holmes, of St. George's Hospital. An address on Physiology will be delivered by Dr. Michael Foster, Trinity College, Cambridge. The business of the Association will be transacted in eight sections.

High Price of Opium.—There has been a falling off during the past two years in the opium crop owing to the unusually cold weather in Turkish Asia. Some cruel speculators in London, and Wall Street, New York, have bought up nearly all the available opium, and the prospect is that during the present year opium may go up to $10 or $12 per lb. The entire stock of medicinal opium in the world to day is about four thousand cases, seventeen hundred of which are in the United States and thirteen hundred in London.

BRITISH QUALIFICATIONS.—F. C. Stevenson, M.B., Toronto, successfully passed the examination of the Royal College of Physicians, London, and was admitted a licentiate of that body on April 20th, and J. M. Walsh also passed a successful examination for the double qualification of the Royal Colleges of Physicians and Surgeons, Edinburgh.

T. G. Hockridge, M.D., McGill College, has successfully passed the required examination for the diploma, and has been duly admitted a member of the Royal College of Surgeons, England.

ELECTION NOTES.—In the contest in Saugeen and Brock Territorial Division, Dr. Yeomans has retired in favour of Dr. R. Douglass, the object being to consolidate the Northern vote in favour of one of the candidates.

Dr. McCammon, of Kingston, has been appointed by the trustees of Queen's University as the representative on the Ontario Medical Council for the next five years, and Dr. W. H. Ellis has been appointed as the representative of Toronto University.

In the Gore and Thames Division, immediately upon the death of Dr. Turquand, Dr. Beard of Woodstock announced himself as a candidate. Subsequently Dr. Williams of Ingersoll and Dr. Swan of Woodstock have been induced to come forward, and we hope to see one or other of them elected.

PERSONAL.—Dr. James Kerr, of Londonderry, N. S., has sold his practice to Dr. J. W. McDonald, and removed to Winnipeg. He has our best wishes in his new field of labour, and we also trust that his successor in Londonderry may have abundant success.

APPOINTMENTS—Geo. A. Harrison, M.D., and A. Leger, M.D., have been appointed members of the Board of Health for the parish of Shediac, N.B.

Dr. B. Travers has been appointed a member of the Board of Health of St. John, N.B.

H. S. Griffin, M.D., has been appointed one of the attending physicians of the Hamilton General Hospital.

Dr. J. S. Loomis, has been appointed License Commissioner for the District of North Hastings.

Dr. H. J. Saunders, of Kingston, has been appointed a member of the Council of Queen's University.

CORONERS—S. Wright, M. D,, of Ottawa, has been appointed Associate Coroner for the County of Carlton ; Dr. R. H. Abbott of Stoney Point for the Co. of Essex ; Dr. W. S. Fraleigh, of Gananoque for the Co. of Leeds and Greenville, Dr. J. M. Forbes of Seneca for the Co. of Haldimand, and J. W. GRAY, M.D., of Bailieboro, for the counties of Peterboro, Northumberland and Durham.

DEATHS—Dr. Sharpey of University College, Eng., joint author of "Sharpey and Quain's Anatomy," died recently in London after a short illness.

Dr. C. H. H. Sayre, son of Dr. Lewis A. Sayre, of New York, died recently, aged 30 years. His death was caused by a compound comminuted fracture of the thigh, occasioned by a severe fall.

OPENINGS FOR MEDICAL MEN.—Several excellent openings for medical men in different parts of the Dominion, may be heard of by communicating with this office.

Reports of Societies.

BRANT COUNTY MEDICAL ASSOCIATION.

A special meeting of the above society was held at the Kirby House, Brantford, on Tuesday 18th inst., for the purpose of nominating a candidate as Electoral Representative to the Ontario Medical Council, the President, Dr. Marquis, in the chair.

It was moved by Dr. Harris, and seconded by Dr. Dee, that this Association will support Dr. McCargow, (the nominee of the Haldimand Co. Medical Society), as the representative for the Erie and Niagara District to the Medical Council.

In amendment it was moved by Dr. Philip, and seconded by Dr. Healey, that the Brant Medical Association, considering the fact that ever since the formation of the Medical Council, a representative has been sent to that body either by Haldimand or Brant, that as a matter of courtesy and right the representative upon the present occasion should be chosen from Welland or Lincoln, and this society will support any gentleman from either of these counties who may receive the endorsation of the Medical men in his own county. The amendment was lost, and the original motion was carried.

Moved by Dr. Griffin, and seconded by Dr. Philip, that this Association is strongly of the

opinion that we should have the Territorial representation doubled, without an increased representation from the Medical Schools, and would recommend our representative to endeavour to have this change made. Carried.

Moved by Dr. Dee, and seconded by Dr. Winskel, that this Society believes that not less than one half the fees should be refunded students failing to pass the examinations. Carried.

Moved by Dr. Harris, and seconded by Dr. Dee, that this Association is of the opinion that it is not conducive to the best interests of the profession to have the Treasurer of the Council appointed from amongst the teachers in any of the Medical Schools, and would strongly urge our representative to have this question brought prominently before the new Council. Carried.

Moved by Dr. Philip, and seconded by Dr. Winskel, that this Society holds that the examiners should be appointed from members of the profession outside of the Council. Carried.

CO. OXFORD MEDICAL ASSOCIATION.

At a special meeting of the County of Oxford Medical Association, held on the 25th ult. at Woodstock, a large attendance being present, the President, Dr. Swan, called the attention of the meeting to the very great loss sustained by the Association in the lamented death of a prominent member, the late Dr. Turquand. Other members feelingly alluded to the subject. A committee composed of Drs. Coad, Clement and McLay, was appointed to frame an expression of the Association in reference to the subject of the meeting. The committee reported as follows :—

The members of the Medical Association of the County of Oxford, are called upon to discharge a painful duty. The relationship that springs from years of most agreeable and profitable intercourse will ever prove painful in its severance. The more is this the case in regard to the late Dr. Turquand. His presence at our meetings was ever marked by a genial and courteous bearing, and this society owes much to his energy in advancing the interests of the profession. As a slight token of sympathy with his bereaved family, and as a mark of our respect and veneration for the deceased, both in his character as a christian gentleman, and for his high attainments as a medical man,

It is therefore resolved, "That his bereaved wife and family be put in possession of our profound regret at the late demise, and our deep sympathy with them in this hour of their affliction."

By order,

H. M. McKay, *Secretary.*

THE MICHIGAN STATE BOARD OF HEALTH.

(Reported for the Canada Lancet.)

The regular quarterly meeting of the state board of health was held in Lansing on April 13. The members present were Dr. H. O. Hitchcock of Kalamazoo, Leroy Parker of Flint, Rev. D. C. Jacokes of Pontiac, Dr. J. H. Kellogg of Battle creek, and Dr. H. B. Baker, secretary. Dr. Hitchcock presided in the absence of the president.

The secretary read the quarterly reports of work in the office for the quarters ending Jan. 7 and April 13 respectively. He also presented some documents issued by the local board of health of Tecumseh, as illustrative of what a live, energetic board of health might accomplish. Mention was also made of the health officers and authorities of Lansing, who have done good sanitary work, and succeeded in establishing a system for the collection and registration of vital statistics which requires burial permits, Lansing being the first city in the State to take this commendable step. Muskegon, under the lead of Mayor Holt, was also mentioned for active efforts for the prevention of disease. A communication from C. H. Voute, of East Saginaw, stated that he desired to form a circuit of towns and cities in this state, for using the odorless excavating apparatus for the removal of contents of privy vaults. A resolution was adopted recommending local boards of health to secure the cleaning of vaults by means of such apparatus, wherever the dry earth system is not in use.

The present editions of the documents on the restriction and prevention of scarlet fever, and on the restriction and prevention of diphtheria, being practically exhausted, it was decided to have them revised, published in the next annual report, electrotyped, and a large edition of each document printed. As it is to be electrotyped, local boards of health may procure any number of either document at a slight cost.

The secretary stated that, inasmuch as diphtheria has been so prevalent in this state, it has been suggested by an officer of the national board of

health that this was a favourable field for a systematic investigation of the causes of the disease, particularly as to what are its relations, if any, to filth. The subject was thoroughly discussed at some length, and the great desirability of such an investigation was unanimously conceded, but the resources of the board are entirely inadequate for such a house to house inspection as seems essential. The secretary was directed to correspond with the National Board of Health and see what arrangements can be made.

The secretary was also authorized to begin printing the proceedings of the recent sanitary convention at Detroit and Grand Rapids as soon as practicable. The report of the board for 1879 is now in press and will shortly be issued.

Dr. Kellogg, as committee on the disposal of decomposing organic matter, presented a paper on "Decaying Wood a Cause of Disease." He related experiments by Prof. Wm. H. Brewer, confirmed by himself, showing that when green wood was allowed to stand for some time in water the solution decomposes, and gives off very offensive odors. Even when the water was renewed again and again similar results ensued. The paper was prepared with special reference to the practice of putting sawdust in streams and ponds, and it tended to confirm the belief that the practice is frequently productive of malarial and diarrhœal diseases. Dr. Jacokes, chairman of the committee on such survey, made a statement relative to the desirability of having a sanitary survey of the State, and as to its probable extent and cost.

July 14, the day after the next meeting of the board, it will, if candidates apply, examine them in sanitary science, giving a certificate of merit to those who pass a satisfactory examination. An outline of the plan of these examinations will appear in the forthcoming report for 1879. The next meeting of the board will be July 13.

Books and Pamphlets.

QUARTERLY EPITOME OF PRACTICAL MEDICINE AND SURGERY, being and American Supplement to Braithwaite's Retrospect. Part I. Price 75c. $2.50 per annum. New York: W. A. Townsend.

The publication of a quarterly epitome of American practical medicine and surgery has been for several years in contemplation by the publishers, and we have now before us the first number, March, 1880. It contains a digest of all the interesting and practical papers published during the past three months in the medical journals of the United States and Canada, together with a copious index and table of contents. In these two works, Townsend's "American Supplement," and Braithwaite's "English Retrospect," the profession will have the cream of the medical literature of both hemispheres.

A MANUAL OF OPHTHALMOLOGY. By Edward Nettleship, F.R.C.S. Lecturer on Ophthalmic Surgery in St. Thomas Hospital Medical School. Toronto: Willing & Williamson.

Specialism has made great strides in the past few years, and in no department of medicine has it advanced more than in ophthalmology. Hence we have a great influx of books of all sizes, some good and some bad, on this subject. To the former class belongs the little manual of Mr. Nettleship. We do not hesitate to assert that it is the best we have yet seen; the thoroughness of the author's training in that great school of observers, the Moorfields Ophthalmic Hospital, has stood him in good stead in the pages of his little manual. We can particularly commend the chapters on glaucoma and granular ophthalmia; the descriptions are remarkable for their accuracy throughout. The printing and paper are good, but we see considerable room for improvement in the plates.

We can strongly recommend this little book to students and young practitioners as the most reliable we know. We can only regret that the author has not seen fit to give us a larger treatise, the one at present most in use being very considerably behind the age.

Births, Marriages and Deaths.

On the 24th of April, Dr. Harry Gove, of St. Andrews, N.B., to Georgie, daughter of Robert Townshend, Esq., of Chancook.

On the 6th of April, S. G. Rutherford, M.D., of Newry Station, in the 38th year of his age.

On the 22nd of April, John Cook, M.D., M.R.C.S., Eng., of Sault St. Marie, in the 44th year of his age.

On the 3rd ult.. John McGrath, M.D., of Bothwell, in the 27th year of his age.

On the 18th ult. John Turquand, M.D., of Woodstock, Ont., in the 65th year of his age.

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Original Communications.

TORONTO MEDICAL SOCIETY.

INAUGURAL ADDRESS OF THE RECENTLY ELECTED PRESIDENT.

W. C. COVERNTON, M.D., M R.C.S., TORONTO.

GENTLEMEN,—You have conferred upon me the great honor of election as President of the Toronto Medical Society for the ensuing year. In thanking you most warmly for this mark of confidence and esteem, I cannot refrain from expressing regret that Dr. Workman, who has so ably filled and graced the chair would not consent to a reappointment. With a vigorous and elastic mind, and a reserve power of work whenever occasion required, there would have been little chance of the interests and welfare of the society suffering neglect at his hands. There could have been found, if deemed necessary, an illustrious precedent in a long retention of the presidential office in the annals of the Royal Society, one president continuing in the chair twenty-four years successively. Our worthy ex-president I know shrinks from the appearance of tenacity of office, on account of the injury it would inflict upon the younger members of the society by excluding them from a position of prestige and honor, and further believes that old men may not be as sensible of the gradual approach of the infirmities of age in themselves as they may be patent to others. In these views I fully concur, and would have as cheerfully served in the rank and file of the society, if you had so willed it, as in the position your suffrages have placed me. I can only say that I will endeavour to emulate my predecessor in promoting a liberal and catholic spirit, a kind and generous feeling among the members, and as opportunity may offer try to add to our numbers. It is true that some sacrifice of time and money may be involved by regular attendance at our meetings; on the other hand the undisturbed routine of professional work may, and frequently does tend to intellectual torpor; the stimulus of attrition with other minds is needed, and in the interchange of ideas new subjects for profitable meditation and discussion will be furnished. The duty which should immediately grow out of membership should be that of attending as punctually as possible all the meetings, held only fortnightly for ten months in the year—not such a very great sacrifice of time in view of the pleasant professional intercourse. If one member is absent without sufficient cause, another and indeed all may do the same, and the Society ultimately share the fate of others in this city that have preceded it. I am happy to say that in the past there have been no evidences of diminished or flagging interest in our proceedings, and I fervently hope that before long the membership will be sufficiently large to enable our treasurer to announce at the end of each year a sufficient surplus in the exchequer for the publication annually of the cases in practice, debates and summary of papers read, and that before many years among the young members of this society we may have the honor of reckoning prominent medical and surgical chiefs of this Canada of ours.

I assume, gentlemen, the duties of the position you have honored me with, with diffidence, with a wish to meet your approbation and a desire to do all in my power to make our meetings pleasant and profitable.

With these few prefatory remarks I proceed to the performance of the duty assigned to the President of the society, that of delivering the address of inauguration. The selection of a subject in every way suited for the occasion has, I confess, been a somewhat difficult problem; finally it occurred to me that an attempt at a succient review of the most important changes in theory and practice since I left the Windmill Street School of Medicine in London, for the University of Edinburgh, in September, 1832, might not be devoid of interest. Should these sketches be deemed in parts somewhat of a gossiping nature, I must beg you to remember that

> "Years steal fire from the mind, as vigor from the limb,
> And life's enchanted cup, but sparkles near the brim."

I may premise that at that University there were men occupying the several chairs whose names are historic, viz.: Drs. Allison, Christison, Monroe, Tertius, Gregory, Home, Hope, Traill, Syme and

Kemp; and at the private schools McIntosh, Liston, Fergusson, John and Alexander Lizars, Miller, Robertson, Knox, Handyside, Reid, Burns and Hamilton. This last, the author of the celebrated work on "Purgatives," was then little more than a memory of the old school of physicians, taking pride in the costume of the last and beginning of the present century, viz. : gold headed cane, cocked hat, lace ruffles, embroidered waistcoat with lappels, knee breeches and buckles in shoes. In this guise he was often to be seen airing his dignity on sunny afternoons in a retired square of the new town.

In the time I am speaking of, the doctrines of Bôerhave on the subject of inflammation, viz.: viscidity of the blood and error loci; of Stahl and Hoffman, of the influence of the nervous system on the capillary vessels, and of Cullen, founded on those of the last three physicians, that it proceeded from spasm of the extreme arteries supporting an increased action in the course of them, had generally been replaced by the views of Syme, who maintained that redness and swelling ought to be secondary considerations in the investigation of the inflammatory state, in comparison with the grand distinguishing character of altered function. The doctrine of the humoral pathologists having Hippocrates and Galen as originators, that fevers are produced by a concoction of something pernicious in the system, which is expelled by a critical effort of nature, (one of the oldest notions in medicine), was no longer generally entertained. Dr. Brown's views, viz.: the division of all diseases into sthenic and asthenic, reducing the first by antiphlogistic means and the second by stimulants, had also ceased to be recognized by the majority. The doctrine of solidism, viz.: the reference of all diseases to alterations of the solid parts of the body, if not absolutely in the ascendant, was the one most generally viewed as approximating to the truth. Chief among the promoters of this new view was to be found Broussais, who referred all fevers to gastro-enteritis, simple or complicated irritation and abirritation, inflammation and sub-inflammation ; thus confounding the effect with the primary cause of a disease, and at the same time forgetting that there are other agencies or sources of disease besides organic lesions or changes of structure in a part. The treatment pursued by the disciples of this brilliant writer and investigator consisted simply of bleeding, cupping, leeching, counter-irritation, slops and gum water. They seemed to forget that the system requires support and nutrition, which can be effected only through the agency of the stomach, their patients frequently becoming dyspeptic from real debility of the stomach and of the whole frame. An anecdote is told of Broussais's practice to the following effect. A patient, who had for some time submitted to the starving system, called upon him and said, "Your regime doctor, has pulled down my strength to the last degree; it is killing me, and I am dying of hunger. Broussais, after looking at him for some time, said, well, you carnivorous brute (bête carnassiere) I will satisfy you, you may have a teaspoonful of broth in a tumbler of water. Broussais could not conceive, and therefore would not admit that any phenomena in a living body could possibly be manifested without a specific and organic origin in some particular part of the body. It was thus that to his mind the existence of those symptoms to which we gave the appellation of fever, suggested the inevitable existence of a local lesion in some organ or another of the body, forgetting all the while that the body may be suffering seriously and at every point of its frame without a necessary lesion of any particular structure or texture. Dr. Fordyce, in his dissertation on fever, gives to my mind a much more rational view. "A fever," says he, "is a disease that affects the whole system; it affects the head, the trunk of the body and the extremities; it affects the circulation, the absorption and the nervous system; it affects the skin, the muscular fibres and the membranes; it affects the body and affects likewise the mind. It does not however, affect the various parts of the system equally and uniformly, but on the contrary sometimes one part is much affected in proportion to the affection of another part. The great Bichat evidently believed in the truth of the aphorism "medio tutissima ibis," for although when treating in his "Anatomie Generale" of the sympathies which depend upon continuity of surface, he refers to the connexion which exists between the surfaces of mucous membranes, and the ducts which open in them, and endeavours to show that the natural mode of excitement in all secreting glands, is a stimulus applied to the surface on which their ducts open, and was thus the first to give the hint that directed the attention of Broussais to the circumstance that in many cases where

jaundice had existed during life, there was no obstruction or disease in the liver, or biliary ducts, but, that in such cases there was always more or less inflammation of that part of the digestive tube into which the bile was immediately discharged, and this led ultimately to the discovery of the connexion which exists between inflammation of the duodenum and jaundice, yet, in the same immortal work he says, "morbid anatomy has revealed a numerous catalogue of lesions of the solids, but as it has omitted to examine the changes of the fluids, the aid of analysis should now be called in to lead us to the truth." Every exclusive theory, whether of humorism or of solidism, is a pathological absurdity.

In the frequent debates that took place at the Edinburgh Medical Society in my time, there were to be found arrayed supporters of the contagiousness and non-contagiousness of fever, one party asserting that it arose from putrefying animal and vegetable matter, by another denied. By some that infection was a direct emanation from the patient, also denied. By some that the atmosphere of the patient was infectious, by others denied. The advocates of the humoral pathology pointed to the blood as the subject of the operations of morbid poisons, whilst on the other hand the solidist supporters viewed the poison of fever as resident in the nervous system. Several years subsequently to these opposing views, viz. 1841, Andral promulgated views of a modern humorism. In one of his lectures on general pathology, delivered at the Faculty of Medicine, in Paris, he says, "When we attentively study the different phases through which pathological anatomy has passed during the last forty years, we are convinced that one of its most immediate consequences is this very study of the various changes that are apt to occur in the different fluids of the body, and is it not natural that, after having examined by all known means of investigation the physical modifications which organs experience in the course of disease, and finding that those means fail to render an explanation of the morbid phenomena, we should interrogate the fluids by chemistry and the microscope? M. M. Andral and Ganneret's observations on the changes which the different constituents of the blood undergo in different classes of disease may be arranged as follows: 1st. Those in which the quantity of fibrine is constantly increased as the phlegmasiæ and in tubercular phthisis. 2nd. Those in which the fibrine is in a normal or in a diminished quantity, while that of the globules is either normal or increased as in the pyrexiæ and many hemorrhages and congestions. 3rd. Those in which the quantity of the globules is always diminished, as chlorosis. 4th. Those in which there is a diminution of the quantity of albumen in the serum, albumen being present in the urine as in albuminuria. 5th. A dissolved state of the blood or increased alkalinity. 6th. Presence of foreign bodies in the blood. 7th. Blood infected by several poisons derived from animals.

This eminent pathologist also commented on the principal alterations observed in the blood by the admixture with it of foreign matters, whether they were generated in the system itself or introduced from without, of the former bile and urea. Of the products of morbid action the most important he considered to be pus, from inflammation of the heart, arteries and veins, eruptive fevers, notably small pox, and he confidently affirmed that the change in the quality of the circulating fluid preceded by a considerable period of time any lesion of the intestinal mucous glands, the primary "*point de depart*" of all the phenomena of fevers according to Broussais and his followers.

It would, gentlemen, be idle to dwell on the benefits that have accrued from such anatomical and chemical researches. They have stripped physic of much of the empiricism, and of more of the dogmatism of former days. The revolutions which then disgraced it, can scarcely to the same extent, convulse it, at least among the large majority, I am happy to say, of those who value honor more than gain. From the very earliest times alike among the educated and uneducated classes there has been a wide spread belief in the existence of occult agencies, and with a large proportion of people willing and anxious to be deceived, there will always be found individuals with the requisite *savoir dire*, *savoir faire*, and knowledge of human nature, to turn to profitable account this inherent love of the marvellous. It is really absurd to see ourselves often outstripped in the medical race by dolts and pretenders, and yet it would be a disgrace and a reproach to succeed after the fashion of some people. I have been betrayed into a somewhat long parenthesis, but it is difficult always to refrain from inveighing against popular folly. I was going on to

say when this mental irritation intervened, that the basis of modern medicine is found in the positive truths of pathology. Those truths may be extended, curtailed, or modified with the progress of discovery, but the alterations will be limited by reasonable bounds, and unlike the old changes from sect to sect, and from one absurd opinion to its contrary, they will not throw an air of ridicule upon the art. There will be no modern Molieres to satirize arrogance and charlatanrie amongst the practitioners of legitimate medicine. To turn from the various theories in medicine that from time to time have obtained credence, what wondrous changes can be chronicled in modern surgery. In Macaulay's famous parallel between the England of his own day and the England of the Stuarts, he says that every bricklayer who falls from a scaffold, every sweeper of a crossing who is run over, may now have his wounds dressed, and his limbs set with a skill such as a hundred and sixty years ago all the wealth of a great lord, like Ormond, or of a merchant prince, like Clayton, could not have purchased. He speaks of the year 1865 as a time when men died faster in the purest country air than they now die in the most pestilential lanes of our cities, or on the coast of Guinea. Thomas Gale in his "Office of a Chirurgeon," printed in 1586, gives the following very satisfactory account of the medical department of the army as it existed in 1544. He says, "I remember when I was in the wars of Mutterell, in the time of that most famous prince, Henry VIII., there was a great rabblement there that took upon them to be chirurgeons. Some were sow gelders, and some horse gelders, with tinkers and coblers. This noble sect did such great cures that they got to themselves a perpetual name; for like as Thessalus's sect were called Thessalians, so was this noble rabble for their notorious cure called dog leeches; for in two dressings they did commonlie make their cures whole and sound for ever, so that they never felt heate, nor cold, nor yet no manner of pain after." The quaint old writer enumerates amongst the chirurgerie stuff they had to cure men withal, shoemakers wax and rust of old pans, and so on. The devices of ancient surgery for arresting hemorrhage consequent on operations were not only barbarous but frequently futile. The stumps were seared with hot irons or dipped into melted pitch. The control of hemorrhage by applying ligatures to the ends of the divided vessels, first practiced by Ambrose Paré, about 1550, was the first step on the road which surgery has since traversed with such conspicuous success. I might dilate on the researches of John Hunter, which led to further advances, but not to weary you will proceed to the greatest of all steps, the discovery of anæsthetics, used but once before this generation—the date, creation, the patient, Adam. The history of anæsthetics has been lately traced out by Sir James Paget; you will find it in the 19th Century, December number for 1879: from this article I quote the summing up—"Past all counting is the sum of happiness enjoyed by millions who in the last 33 years have escaped the pains that were inevitable in surgical operations, pains made more terrible by apprehension, more keen by close attention, sometimes awful in swift agony, sometimes prolonged beyond even the most patient endurance, and then renewed in memory, and terrible in dreams. These will never be felt again. But the value of the discovery is not limited by the abolition of those pains, or of the pains of child-birth. It has enlarged the field of useful surgery particularly in plastic operations, making many things easy that were difficult, many safe that were too perilous, many practicable that were nearly impossible; and yet, more variously the discovery has brought happiness in the relief of some of the intensest pains of sickness, in quieting convulsions, and in helping to the discrimination of obscure disease." Those of us present this evening, and there are but few whose surgical memories go back forty years, cannot fail to be delighted with Sir James's clear-cut pictures and force of words in describing the extent of suffering which anæsthetics have banished. I shall never forget when a dresser under Liston in the Edinburgh Surgical Hospital, in 1834, the wonderful endurance of a middle aged Scotch woman, who was being operated on for the removal of an enormous tumor covering the eye and extending down to the breast, the weight of which at this distance of time I am afraid positively to assert. The operation involved removal of the upper jaw and malar bones. For over an hour she was under the torture of the knife and bone forceps, during the whole of which time she never uttered a groan; but even the most patient endurance had an end, for while small vessels that were bleeding were being secured, she tapped me on the shoulder and

in a faint voice whispered "Eh laddie, tell him to mak haste." Esmarch's subsequent discovery of pressing the whole of the blood out of the part to be operated on, has in cases where the judgment of the surgeon is favourable to the procedure, completed the triumph of surgery by rendering operations both painless and bloodless. Again surgical fever after operations is of very far less frequent occurrence than at the time I was a student. Liston was one of the first surgeons to enforce very great attention to cleanliness in the wards, as also free ventilation and drainage, and to substitute for the old practice of covering wounds and stumps with unguents and many layers of bandage, simple warm water dressings. As a student of his I may possibly be considered as prejudiced in thinking that his statistics of recoveries would bear comparison with many in the present day. On the quæstio vexata of Listerism, I will not presume to enter, the subject has been on various occasions warmly and ably debated in this society, and I think a Scotch verdict of "not proven" returned. Experiments by Pasteur and Tindall are still going on, the results of which may possibly be the conversion of present unbelievers. In recent years the ophthalmoscope has often been successfully resorted to in obscure brain diseases, with the view of throwing light on the circulation of that organ, and it has also been demonstrated that a want of proper harmony between the accommodation muscles and the convergent muscles may result in serious disturbance of the whole system.

Although the practice of medicine and surgery, particularly the latter, has in the present day left very far behind the past, are we in truth in the former very much more successful than were our predecessors fifty or sixty years ago? That the death-rate has been greatly diminished since the times when Macaulay speaks of men dying faster in the purest country air than they now die in the most pestilential lanes of cities, is unquestionably more to be attributed to an increased knowledge of sanitary laws, to an improved system of sewerage and disposal of sewage, to closer attention to ventilation in public buildings and residences, in fact to pure air, pure water, pure food, rather than to any very great improvement in practice.

I would ask, is the treatment of typhus much better understood than in the days of Cullen? Even in that class of diseases in a correct knowledge of which more progress has been made during the last forty years than in any other, viz., in diseases of the heart, lungs and kidneys, can we say that the stability and success of our modes of treatment have made corresponding advances with our improved modes of diagnosis? The stethoscope has unquestionably done an immense deal for the improvement of medicine, but has not its use in many instances led physicians to questionable conclusions? Have we not all known numerous cases in which the case was pronounced to be Bright's disease from the presence of albumen in the test tube, when its ultimate issue has found the kidneys to be little at fault? May not this in a measure be attributed to the writings and lectures of the present day, calculated as they frequently are to exaggerate the importance of one set of symptoms or of one mode of treatment, and in many instances deficient in those comprehensive and philosophical views of disease which pervade the writings of a preceding generation. A short time ago I read an admirable clinical lecture by Dr. Flint, insisting upon the dangers of *ex cathedra* judgment on abnormal heart murmurs. Can we, with but few exceptions, point to master minds on an equality with Sydenham, Boerhave, John Hunter, Mason-Good, Bichat, Andral, Allison and Abercrombie? Have we not, in forgetting our predecessors, unduly magnified ourselves? An intelligent writer some years ago, in the *Gazette Medicalé*, thus wrote: "If therefore modern medicine wishes not to lag behind its high functions, and hopes to maintain its intellectual supremacy, it must firmly resist that hurtful tendency so prevalent in the present day to push science on to a material positivism, the immediate practical value of which, however highly it may be thought of, can never compensate for a more serious injury, that of debasing and confining the mind." Even if we were to admit that we could dispense entirely with ancient medicine, we should not break off our acquaintance with the physicians of those days. A brief perusal of Oetius, in his chapter on the diseases of women, would serve to convince, that so-called modern appliances and treatment are really only revivals of ancient practice. Have we not reason to think that the aim and end of many would appear to be that of our cousins on the other side of the lakes, to go ahead for present wealth and fame rather than devote an occasiona-

half hour to old classical authors of medical literature?

It is I believe a rule of our Society that no paper should exceed thirty minutes. I will therefore rapidly review my recollections of the profession in this country since I first landed in Quebec in June, 1836. The most prominent English practitioners then in that ancient capital were the two Douglas's, Sewell and Marsden—the latter I believe the only survivors of those times. In Montreal I found Drs. Robertson, Munro, Robert, Nelson, Arnoldi, Stevenson, Holmes, Walter, Jones, David, Archibald, Hull, and George W. Campbell. Excepting Drs. Campbell and David, all of these have long passed over to the majority. Sojourning for some weeks with old West Indian friends in Kingston, I had the pleasure of making the acquaintance of Dr. Samson, the surgical king of that city and for a large extent of the country around, a man of infinite humor and no little eccentricity, shown even in his last illness by the request that no record beyond "Samson" should be placed on the rough unhewn granite block that marks his last resting-place,—laconic, beyond even the inscription in Chelsea churchyard on the monument of the great physician and founder of a college since celebrated, Dr. Caius, for that reads, "Fui Caius." In Kingston I met my old fellow-student, Dr. Hallowell, subsequently a practitioner for many years in this city. Death has proved himself as dexterous a marksman in Kingston as elsewhere, only one of the busy practitioners of that time, as far as I can learn, being now alive, viz., Dr. Stewart.

In July I came to Toronto to visit English friends, and by them was soon introduced to many of the principal practitioners; chief among these was Dr. Widmer, our worthy ex-president Dr. Workman having for a time deserted his first love for commerce. Dr. Widmer, as most of you are aware, had devoted himself with great energy to the labors and dangers of the profession in the Peninsular war, and subsequently for many years was equally distinguished as a bold operator and practitioner in this city. Like Liston and Abernethy he had no smooth strain of words, which on the contrary were frequently more terse and epigrammatic than would strictly be in accordance with the notions of carpet knights and ladies, of the eternal fitness of things; he had in fact the habit of calling a spade a spade, without regard to conventionalities; but notwithstanding a somewhat rough tongue, like his companion-in-arms Dr. Samson, he concealed a kind and sympathising heart. Amongst other very able men, prominence is due to Drs. Gwynne, King, Sullivan, Rolph and Telfer. Dr. Gwynne possessed a masterly talent of speech, that smooth strain of animated words which captivates an audience and gives confidence to the speaker; as a lecturer on anatomy, in eloquence he was the equal of Dr. Knox of Edinburgh, with this great advantage, that he had not the graceless gestures nor forbidding countenance of the latter. Dr. Sullivan also was a very excellent anatomist and amiable man. Dr. King, who studied in Dublin but graduated in Edinburgh, long ranked among the chief practitioners of Toronto, both of surgery and medicine; amongst his pupils at that time was my esteemed friend the late Dr. Turquand of Woodstock. Drs. Rolph and Telfer are too fresh in your memories to render necessary any tribute to their great abilities. With the varied intellectual power of the former every resident of Canada is acquainted; the latter has also left an enduring reputation as a man of sound judgment, advanced skill and becoming modesty. The remaining practitioners, as far as my memory serves, were Drs. Hornby, Diehl, Burnside, Morrison, McIlmurray, Duggan and Lang. Of the students of that day, besides Dr. Turquand, I remember Drs. Nichol, Givens and Dewson. The old Hospital in King-St. would bear favorable comparison with many provincial hospitals in England, and if the students of that day had not there the varied opportunities for the study of medicine and surgery that the large hospitals of Europe afforded, they yet contrived to obtain a soundness of knowledge which enabled them in future years to acquire frequently high positions, not only in their own country, but also in Great Britain and her dependencies. From the Universities of McGill, old King's College (subsequently merged in Toronto University), Trinity College, Queen's College (Kingston), Toronto Licensing Board, Rolph's School, Toronto School, Trinity School, I could enumerate, did time permit, a long list of men, some exclusively educated at these schools, who have been Governors of Provinces, leaders of cabinets, senators, members of Dominion and Provincial Parliaments, professors, mayors of cities, surgeons in the army

etc., who have won high praise and honor—in the Crimea, Indian Mutiny, Schleswig-Holstein, Italian, Austrian, Confederate, Turkish, Affghanistan and Zulu wars; also of one Toronto University graduate, who, in a short campaign in Santa Fé, Argentine Republic, was employed to organize cholera hospitals, and subsequently, before the conclusion of the war, occupied the position of Surgeon-General. It may therefore fairly be argued that our educational institutions have for a very long time occupied a proud position, but yet, whether from ignorance of the fact or insular prejudice, I will not pretend to say, the Medical Council of England while exacting from our graduates further study and fees before they can be registered as licensed practitioners in Great Britain, yet claim for their own, immediate admission to membership of our Council by mere payment of registration fees. Let us hope that before long they may awake to the fact that our period of study and curriculum is equal to theirs and become aware of their past one-sided view of justice, as also blindness to their own interests, as for one man educated in the Dominion who may proceed to England with a view of settling in practice, there will be, as the settlement of the North West progresses, fifty educated at home who will make this country their permanent residence. And now, gentlemen, in closing, permit me as an old man to call attention to the general public opinion, that in the members of our profession a greater amount of morbid sensibility and irritability exists than is usually to be found in other liberal callings; if the accusation has any basis of truth, it is certainly to be deplored. The questioning of the accuracy of our opinions should certainly never be construed into personal antagonism. Dignity and good feeling will be best consulted by admitting proved errors of opinion. *Vita brevis, ars longa, experientia fallax*. From a number of professional aphorisms that a good many years ago appeared in the pages of the *Gazette Medicalé* of Paris, I extract the following:—"What is the cause of the bitterness of one physician against another? Why does he blame him in everything and on every occasion? The truth is he is occupied with the same subject, and he has been less successful. Do you not see the caterpillar abusing the work of the silkworm, and yet the caterpillar can spin also. Oh my friends, guard against medical envy; it is a case of cancerous pathology, which eats its way deeper and deeper until the whole system is corrupted. In union there is strength, and in harmony there is power."

ELECTRO-THERAPEUTIC APPARATUS.

BY A. M. ROSEBRUGH, M.D., SURGEON TO THE TORONTO EYE AND EAR DISPENSARY.

(Read before the Toronto Medical Society, June 17, 1880).

The value of electricity as a therapeutic agent, is, I believe, very generally recognized by the medical profession. But, from whatever cause, the practice of electro-therapy is as yet far from being general. This is a branch of treatment that should no longer be relegated to outsiders; and, in lieu of there being no members of our own profession in Ontario devoted to this specialty, it becomes a serious question whether it is not the duty of every medical practitioner who puts Dr. on his door-plate to be prepared to use the Galvanic or the Faradic current when they are respectively indicated. In my humble judgment the medical profession of this Province is not discharging its duty to itself and to the public in this regard. Is there no remedy?

When the ophthalmoscope was invented in 1851, its adoption by the profession, and even by ophthalmologists, was very much retarded by a want of familiarity with the elementary principles of physiolological optics. It has occurred to me that possibly a greater familiarity on our part with the elementary principles of electro-physics and the construction and management of Galvanic and Faradic batteries would contribute not a little to remedy the defect in question.

Believing that a discussion of these elementary principles by this Society would contribute somewhat to this end, and hoping that this paper may be followed by others from different members, on some or all of the many divisions of this subject, such as electro-physiology, electro-diagnosis, electro-therapeutics, galvano-cautery, &c.,—this is my apology, gentlemen, for bringing this subject under your notice this evening.

In modern electro-therapeutics the currents generally used are the Galvanic and the Faradic. The Galvanic current is generated by a battery consisting of a number of cells arranged in series,—a good

example of which is the ordinary telegraph battery. The Faradic current is generated from the secondary wire of an induction coil,—the current in the primary coil being generated by a single zinc-carbon or zinc-platinum cell.

I. Galvanic Batteries ;—The current generated by a Galvanic battery is called the Constant current, the Voltaic current, or the Galvanic current. When the Galvanic current is interrupted by mechanical means the current is called the interrupted Galvanic current, the interrupted constant current, &c. Galvanic batteries for medical purposes are constructed in three forms—1. The Stationary Battery. 2. The Cabinet Battery, and 3. The Portable Battery.

1. The Stationary Galvanic Battery is usually composed of about 60 large telegraph cells and preferably what is known as the gravity battery cell. The cups of this battery are usually arranged on shelves in the cellar or in a store-room, and the wires are conducted to the consulting-room. In Galvanic Batteries arranged either for therapy or for telegraphy, the elements are arranged in series,—the electro-positive plate of one cell being connected to the electro-negative plate of the next cell, and so on. The free copper plate at one extremity of the battery is called the positive pole ; and the free zinc plate at the other extremity is called the negative pole of the battery. In the Gravity battery the cells are composed of glass and hold about half a gallon of fluid. The copper plate rests upon the bottom and, when the battery is in full operation, is covered by a solution of sulphate of copper. The zinc plate is suspended in the cell about three inches from the top and is immersed in a solution of sulphate of zinc. The greater specific gravity of the copper solution keeps the two fluids separate, but only when the circuit is kept almost constantly closed. In the Stationary Battery the zinc of one cell is joined to the copper of the adjoining cell, and in the Portable Battery the zinc of one pair of plates is joined to the carbon of the adjoining pair.

In putting up a stationary battery, the cells are filled with water to within about two inches of the top, and about one pound each of copper sulphate and zinc sulphate is added. The battery is not ready for use until after the circuit has been closed by a short circuit for several hours. The circuit is closed by the two poles of the battery by means of a wire or other conductor. When the poles are joined by a short thick wire, the battery is said to be "short-circuited." After the battery is short-circuited for two or three hours, the two solutions become separate, the blue vitriol gravitates to the bottom, chemical decomposition commences and a current of electricity is generated. Sulphate of zinc is formed around the zinc plate and metallic copper is deposited on the copper plate. No gases are generated and polarization is prevented. When the battery is once in good working order the short circuit is removed and a long circuit substituted. The gravity battery is kept in working only by being kept in moderate and constant action. On a telegraph line the battery is kept in working order by being kept in constant action on the line. The poles of the stationary battery, when not required for electrization, should be connected through a coil of long and very fine wire, or some other medium should be introduced offering high resistance to the galvanic current. The water rheostat can be used for this purpose. In a battery of thirty cells the resistance should be equal to about one hundred miles of ordinary telegraph wire, and in a battery of sixty cells about two hundred. This would equal about two hundred and four hundred of Ohm's units of resistance, and on the water rheostat would be equal to a column of water about three-quarters and one and a-half inches in length.

In the operating room is a Current Regulator containing a current selecter, a current reverser, a galvanoscope, and a rheostat. The current selecter is connected with the battery by a number of wires and so arranged that any number of cells can be put in circuit, as desired. The galvanoscope is for measuring and the rheostat for modifying the strength of the galvanic current.

A few ounces of copper sulphate is added to each cell every two or three months, or sufficiently often to keep some undissolved crystals in the bottom of the cell, so as to keep the solution constantly saturated. In a telegraph battery the external resistance is comparatively low, the battery being practically almost short-circuited ; hence the consumption of blue vitriol is very large and the zinc plates require to be renewed three or four times a year. When, however, the poles of the battery are closed only through high resistance, the consumption of copper sulphate is very small

and the zinc plates should last several years. Crusts of zinc sulphate should be removed from time to time as they form at the upper part of the cells; and it may be necessary to remove the zinc plates once or twice a year and have them cleaned. It is essential that the zinc plates be kept well covered with the solution, and for this purpose water should be added, at stated times, to make up for evaporation.

Stationary galvanic batteries are better adapted to hospital and dispensary practice than to private practice, but a stationary battery can be put up in a private house without much trouble and at an expense not very much greater than that of a portable battery with the same number of cells. They are the most economical in the end; they are always ready for use, and however prolonged the *sèance*, they continue to give a constant current of undiminished strength. These batteries should be accompanied by a rheotome, for giving slow or rapid interruptions to the current when the interrupted galvanic current is indicated. By turning a crank, slow or rapid interruptions may be given to the current, mechanically, by means of a ratchet wheel.

2. In the cabinet battery the cells are smaller than the gravity cell, the modification being known as the Siemens-Halske cell. Like the gravity cells, they contain two fluids and the current is said to be quite constant. The cells are placed in drawers or on shelves in a cabinet. The cabinet is placed on castors and can be moved from room to room or from ward to ward in a hospital building. These batteries are supplied with a current regulator, the same as the stationary battery. The cabinet battery is considerably more expensive than either the stationary or the portable galvanic battery.

3. The portable galvanic battery is made of different sizes, according to the number of cells. The smallest size contains eight or ten cells, the largest fifty or sixty cells. The cells are known as the Walker cell and are composed of plates of zinc and carbon. The plates are immersed in the acid solution while the battery is in use only. The smaller sizes are no larger than the ordinary Faradic battery and can be carried easily in one hand. For short applications in ordinary cases the portable batteries seem to answer nearly as well as the double fluid and larger celled batteries, and they are much more convenient. The portable batteries best known in this country are those of Stöhrer & Bartlett, both of which are convenient and efficient. In the Bartlett battery, as manufactured by C. Potter, of Toronto, the cells are flat and placed side by side in a double row in a movable tray, which is elevated while the battery is in action and which rests in the bottom of the case when the battery is not in use. The tray is elevated to its position by means of two rings which are attached to jointed rods. By bending these rods at the joint, the cells are kept in position while the battery is in action. The plates are arranged in pairs at the upper part of the case, the zinc of each pair being connected by wire or otherwise to the carbon of the next pair, and so on; and each pair of plates is connected with the current selecter at the top of the case. Each battery is also supplied with a pole-changer and a pair of insulated sponge electrodes. The thirty-cell battery has a galvanoscope and rheostat in addition, and a rheotome is supplied when required.

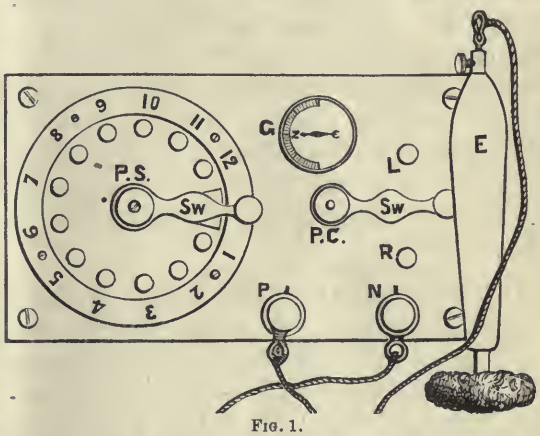

Fig. 1.

A twelve-celled Bartlett battery. *P. s.* Current selecter. *Sw.* Switch. *P. c* Pole-changer. *Sw.* Switch. *G.* Galvanometer. *P. N.* Screw posts for electrodes. *E.* Sponge electrode, with wooden handle.

When the pole-changer is turned to *R.* the positive pole is at *P.* and the negative at *N.*, but when the switch is turned to *L.* the current is reversed. By means of the switch of the current selecter, the strength of the current can be gradually increased from one cell to the number required, without breaking the current and without causing any shock to the patient. This renders the addition of a rheostat unnecessary.

By means of a padded slide, called a hydrostat, which can be screwed down over the cells, the battery can be taken in a carriage or car without the fluid being spilled. The hydrostat, when kept in position, will also prevent loss of solution by evaporation.

The acid solution for the portable battery is made as follows :—Sulphuric acid and bichromate of potash each one ounce, water ten ounces. The acid is added to the water gradually and after the solution becomes cool, the bichromate, finely powdered, is added. The solution is not used until the the salt is all dissolved. The cells are to be filled, uniformly, about two-thirds full. It may be necessary to add water about once a month, to make up for evaporation. If the battery is much used the plates should be cleaned two or three times a year and the acid solution should be renewed. About once a year the zinc plates should receive fresh amalgam, and to re-amalgamate a large number of small zinc plates by the ordinary method is a job that should not be lightly undertaken. In lieu thereof, I would suggest the following simple method :—Remove the square containing the plates and let it be held by an assistant, the plates being downwards. Remove one of the cups, if a spare one is not at hand, and having emptied the acid solution in a glass vessel, fill it two-thirds full of the amalgamating solution. Elevate the cup successively underneath each pair of cells, so that both the carbon and the zinc plate of each pair become fully immersed in the solution. The amalgam will adhere to the zinc only and will not injure the carbon. The amalgamating solution is made as follows :—

The galvanic current being perfectly noiseless and not causing any shock, it does not make itself known like the Faradic current. Before making an application, therefore, the presence of the current should be ascertained and its strength estimated. This can be done very readily by placing the two electrodes (moistened) against the forehead. Three cells cause a distinct smarting sensation and eight or ten cells are almost unbearable. If even a very weak current is passed through a solution of iodide of potassium, the free iodine will appear at the positive pole and color the solution. When a galvanometer is used the direction of the current is also indicated. In using the galvanoscope, the battery must be turned so that *N.* of the scale points to the north.

Some portable batteries have a secondary current apparatus added to the same case, but I believe this to be a disadvantage to both.

(Continued in our next).

Correspondence.

MEDICAL PROFESSION *VS.* QUACKERY.

To the Editor of the CANADA LANCET.

SIR,—I am not sure that you permit correspondence in your columns other than from professional medical men. However, as the matter to which I wish to refer has a strong bearing upon that profession, and treats especially of one who placards himself as "*One of the great Physicians*," I have taken the liberty of addressing you.

This week, our village was visited by one "Dr. Rose," with a long (and *very strong*) list of titles and diplomas, as being a Graduate of this Eclectic College, member of that Eclectic Association, Licentiate of Canada, and last, but not least, "Member of the College of Physicians and Surgeons of Ontario." I have hitherto had a very high opinion of the last title referred to, considering that he who held such an honour was at least an educated gentleman. Attendance at two of this "great Physician's lectures (?) however, has disabused me of that idea to a sad degree, for he cannot—at least does not—express himself in accordance with the plain rules of English Grammar, but rather after a manner which ought to disgrace a hod-carrier. The use of two negatives, and uniting plural nouns with singular verbs, are among the least offensive of his utterances. To the best of my belief, he classed *Digitalis* among the *mineral poisons*—at least he left that impression upon the greatest portion of his audience. His pronunciation of this word was also unique, viz., "Dagetilus." Among other things he vehemently declared that he "would not, and had not in fifteen—nay, in twenty years, given a prescription to a druggist," yet, in the very next sentence stated that he had sent one to a druggist in Barrie about two years ago. This may have been a *lapsus linguæ* on his part, but it looks very bad indeed on the part of one who should, from the position he occupies, be an educated man. It also brings the C. P. and S. into disrepute, and makes a laughing-stock of himself. He may, as he says, have "saved hundreds, thousands—nay, hundreds of thousands" by his magic belts and appliances, but his fearful slaughter—his wholesale murder of the Queen's English was sickening in the extreme.

Mr. Editor, how did such a man become a mem-

ber of the C. P. and S. of Ontario? If he would only keep himself at home, and quietly attend to the practice he might be able to obtain there, his abominable ignorance of his mother tongue would not be so widely displayed, to the injury of a noble institution, of which he has by some means become a member. Certainly something should be done by the Medical Council to protect itself from disgrace, in permitting such men to continue on its roll. Although a member of another profession, I can sincerely sympathize with the Medical Association of the County of Simcoe, in having to bear such an *incubus*, for all of them are what Dr. Rose should be—educated gentlemen.

Hoping you will excuse my taking this liberty, but trusting it will be taken in the spirit in which it was written, viz., in the interest of an authorized and educated Medical Profession *versus* Quackery,

I remain,

Yours truly,

CLERICUS.

June 7th, 1880.

DUTIES OF THE RETURNING OFFICER.

To the Editor of the CANADA LANCET.

SIR,—Relative to the conduct of Dr. Woolverton, Returning Officer for the Burlington and Home Division, I regret that I can only characterize it as exceedingly discourteous, oppressive and tyranical, and out of harmony with both the spirit of our Medical Act and the free institutions of our country. I only asked for my legal right to be *present*, or to have my agent present at the examination of the voting papers. Dr. Woolverton most emphatically declined to admit either my scrutineer, Dr. George McKelcan, of Hamilton, or myself. Is it possible that the liberties and the just rights of a candidate, and that of the medical profession, are to be thus trampled upon in Ontario, in this age of boasted freedom? An election is only a farce if a dishonest Returning Officer has it thus in his power to reject any candidate, as he may feel inclined. I told him that Dr. Wright, of Toronto, in his capacity as Returning Officer, had politely, (by letter), invited the candidates and their scrutineers to be present at the examination of the voting papers there. I also stated that Dr. Malloch and myself were present in 1872, when the voting papers were opened, and I showed him a letter which I had just received on the subject from the Registrar, Dr. Pyne, in which my right was implied. Here is an extract:—"About the elections, the Returning Officer is entrusted with the whole duty, and no doubt is entitled to act in all matters connected with the election, according to his own discretion and judgment." Dr. Woolverton said, a letter he had got from the Registrar was in a very different tone from that, but that if Dr. McDonald was agreeable he would permit it, but preferred not doing so. I called upon Dr. McDonald and requested as a special favour that either he or his scrutineer should be present with me, at the counting of votes, as the Returning Officer would not allow it unless with his permission and hearty co-operation. He positively refused, and assigned as his reason, that the intention of the law was SECRET VOTING, and that he had telegraphed several gentlemen his opinion. Having done so, under no circumstances could he be present at the counting of the votes. I said that the amended Medical Act contemplated nothing more than a matter of convenience by the voting papers, and that as the name of the voter was on each paper, the SECRESY of the ballot was not contemplated for a moment. On my return to Dr. Woolverton's house, from my unsuccessful mission, I met Dr. Mullen, who appears sincerely to believe that all the Legislative ability and wisdom of our Territorial Division is to be found in the city of Hamilton, and in the person of Dr. McDonald. On inquiry by Dr. Mullen, the Returning Officer stated that he could examine the papers by 2.45 p.m. Dr. Mullen then said he would telephone Dr. McDonald to come and learn the result of the election. I called at the appointed time, and was informed by Dr. Woolverton that he was not half through the examination of the papers. As I left, to my great surprise and astonishment, Dr. McDonald arrived at Dr. Woolverton's office. What assistance he rendered the Returning Officer on that occasion I know not; but as the Returning Officer was so very arbitrarily and so persistently determined to perform the important duties of his office without the concurrence of our worthy President, I cannot disabuse myself of the feeling, that the count may have been tinctured with the same disposition to partiality by this partizan Returning Officer, as characterized his refusal

to admit candidates and their scrutineers. From the very liberal spirit you have manifested in your impartial criticism of the votes and proceedings of the Medical Council, I trust you will be able to aid in devising such a plan as may be accepted by that body, so that no man's election will thus depend upon the caprice or the tender mercies of any biassed official. Surely, there should have been sufficient foresight in the Council or in the Executive Committee to define the duties of the Returning Officer so plainly, that although a fool, he might not be able to go astray in faithfully performing them. It is matter for congratulation that the recent elections have returned some most worthy and excellent members of the late Council, and that some very promising fresh blood has been infused in the newly elected members. In conclusion, I beg to return my sincere thanks to the independent electors who kindly voted for me, and wish the new Council God speed in its restoration of the public confidence and respect, and trust that a wise and judicious policy may remedy the many abuses which have hitherto existed, and prevent their occurrence in future, and that a new era may dawn, made bright with their future wise legislation in regard to our noble profession, which may continue not only to be distinguished by the love of science, wisdom and literature, but also command the universal admiration of every intelligent citizen both at home and abroad.

Yours truly,

CLARKSON FREEMAN.

Milton, June 4th, 1880.

TREASURERSHIP OF THE MEDICAL COUNCIL.

To the Editor of the CANADA LANCET.

SIR,—Allow me to give you an idea of how we will feel, should the rumour that Dr. Aikins will again act as Treasurer for the Council be true.

A gentleman accepts office always for some one or more of the following reasons, viz. :—1st. Because he is forced to do so. 2nd. From philanthropy or charity. 3rd. For gain, as of honour, influence or money. Which one of these would induce Dr. Aikins to accept this office? It would be absurd to say that either *charity*, *philanthropy* or *force*, was the reason, or the whole of them combined. The profession does not need the first, and Dr. Aikins would not submit to the last. Then it must be for gain. Gain of what? Not of honour, surely, for it would bring dishonour to his name when he knows that so many of the profession oppose his appointment. It surely cannot be that the wealthy surgeon would wish to hold the emolument from so many of the more needy practitioners when it is so paltry in comparison with the immense profits of his profession. No, we do not think he is so penurious. Then it must be for gain of influence. Influence over whom? The suggestion of new students comes at once, and then our minds say: "If the Toronto School of Medicine needs such questionable means of support to hold its own, it must be weak, and the party who uses the means can be neither fair-minded nor honourable."

Having been a supporter of Dr. Aikins, and believing his integrity and abilities unimpeachable, I give the above ideas as thoughts only, so that I may supply to Dr. Aikins what Robbie Burns wanted when he said—

> "Oh wad some power the giftie gie us,
> To see oursel's as ithers see us."

Surely our new Council will be more honourable, just and fair-dealing than to confer upon any schoolman such an appointment.

MEDICUS.

Beeton, June 17, 1880.

Selected Articles.

STATISTICS OF CANCER OF THE BREAST.

Dr. J. Oldekop has published, in the twenty-fourth volume of the *Archiv für Klinische Chirurgie*, a statistical summary of all the cases of mammary cancer occurring in Professor Esmarch's hospital and private practice from 1850 to 1878. With regard to age, most of the cases occurred between the forty-eighth and fiftieth years; in 123 patients, the age did not exceed 48; in 71, it was between 48 and 58; and, in 35, the age was 59 and upwards. In 21 cases, there are no particulars as regards age. Women who had borne more than six children furnished the greatest contingent, and next came those who had no children. There were 9 in this category, against 103 who had given birth to children. In 61 cases in which the information could be obtained, 15 had not, and 46

had, suckled their children. In 36 cases, mastitis had preceded; but in only 9 was it ascertained with certainty that the cancer had its starting-point in an induration or cicatrix remaining after the mastitis. In three cases, there had been contusion with extravasation; the extravasation, after some years, forming the centre of the new growth. In two cases, the seat of the primary nodule was a part of the breast which had been for some years pressed on by the string of a corset; in a third, it was a part that was often pressed on by a yoke. In 126 cases, the right breast was diseased, in 102 the left. The outer and upper part of the mamma was most frequently first affected; and this is ascribed by Dr. Oldekop to the greater liability of this part to injury. In three cases, the cancer was preceded by chronic eczema of the breast. Circumstances indicating the influence of hereditary tendency were noticed in eleven cases. The average duration of life from the commencement of the disease was, in the cases not operated on, 22.6 months; in those operated on, 38.1 months. On 225 patients, 287 operations were performed. Of these 225, there died in the hospital 28; viz., 5 from return of the cancer, and 23 from the operation; among these were 14 cases of total extirpation of the mamma with removal of the axillary glands. With regard to the influence of treatment on the mortality and on the time required for healing, Dr. Oldekop's statistics show no marked difference between the antiseptic and the non-antiseptic methods; he remarks, however, that erysipelas has been less frequent in Dr. Esmarch's practice since the introduction of the antiseptic method. The time after the operation at which the disease returned is noted in 112 cases. In 14 cases, it immediately followed the operation; in 15, it took place within the first month; in 23, within three months; in 15, within more than three and less than six months; in 13, from the seventh to the ninth month; in 14, from the tenth to the twelfth month; in 9, from the thirteenth to the eighteenth month; and in 8, within three years. In one doubtful case, the interval is said to have exceeded three years. At the time of the report, 44 of the women had remained free from a return of the disease; of these, six had died of intercurrent diseases; three within three years since the operation, and three after three years. In 15, the time during which they had remained free from relapse was under three years; and, assuming three years as the extreme time for a return of the disease, 26 could be regarded as definitely cured; in 10 of these, the infiltrated axillary glands had been removed with the mammary cancer. In some cases, a second operation was necessary. Although the number of cases in which a complete cure followed the operation is not large, Dr. Oldekop regards it as sufficiently encouraging to induce surgeons to operate early, and thus increase the chance of a good result.—*Brit. Med. Journal.*

DIAGNOSIS OF CANCER OF THE BREAST.

Dr. S. W. Gross in concluding an article on the above subject in the *Boston Medical and Surgical Journal*, March 25th 1880, remarks as follows :—

The points in favor of carcinoma are, therefore, non-development before the age of twenty, greatest frequency after the fortieth year, irregular shape, almost uniformly densely hard and knobby feel, immobility in the gland, attachments to the skin and deeper structures, solitary origin, comparatively small volume and slow growth, retraction of the nipple, infiltration of the lymphatic glands, invasion of the skin by small nodules, non-enlargement of the subcutaneous veins, limited ulceration, without any tendency to fungous protrusion, and the thickened, indurated, and everted edges of the ulcer.

The diagnosis of the non-carcinomatous tumors is based, on the other hand, upon their occurrence in every sixth case before the age of twenty, their greatest frequency before the fortieth year, their multiplicity in one breast, their peripheral situation, their rounded or ovoid and bossed outline, the firm consistence of the smaller and the unequal feel of the larger, their mobility in or on the gland and the adjacent tissues, their comparatively rapid growth and bulky size, the natural appearance of the skin, the enlargement of the subcutaneous veins when they are voluminous, their tendency to ulcerate and protrude late in the disease, and the absence of adhesions between the fungus and margin of the ulcer, and their freedom from retraction of the nipple, nodules in the skin, and taint of the associated lymphatic glands.

There are many interesting and highly instructive features in the symptoms of both classes of tumors which I might, had I the time, discuss with profit; but as I have considerably overrun my hour, I will limit my remarks to two points.

Among the more prominent signs of carcinoma are those which indicate local infection of the surrounding tissues, and a knowledge of the date of their appearance will prove serviceable in deciding the question of an operation. Nodules may be looked for in the skin in fourteen months, the contaminated lymphatic glands of the axilla may be detected in fifteen months, ulceration may be expected in seventeen months, and deep adhesisons take place in twenty-one months. These figures denote the average date; but I have known infiltration of the skin, pectoral muscle, and glands, and ulceration to occur as early as four months, and to be postponed on the other hand, for several years. Glandular involvement, indeed, may show itself as early as the first month, or even before the primary tumor can be felt; and from the fact that the glands are buried in the fat of the axilla, thereby evading early detection, I believe that their invasion antedates that of the skin. Be this

as it may, if you are about to operate on a case in which there is nodular infiltration of the skin, you should be prepared to open the axilla and search for infected glands, even if they cannot be distinguished from without.

Finally, I desire to state that I am no believer in the constitutional origin of carcinoma, and that I am convinced that we will obtain good results after operation if we can only secure cases in which the disease is limited to the gland itself. Even when the skin over the breast is infiltrated to a slight degree, and the lymphatic glands of the axilla are not too seriously involved, I believe that we may prolong life, if not obtain a radical cure, by extirpation. To do this, however, you must discard the operation as you usually see it performed, and remove the entire gland, with all its coverings, by a circular incision, dissect away the pectoral fascia, and clean out the axilla. In other words, do not aim to secure a covering for the wound, but practice thorough excision.

Occlusion of the Larynx : Internal Laryngotomy.—Professor K. Stork relates, in the *Winer Medizinische Wochenschrift* (No. 46, 1879), the case of a boy aged 7, who three years previously had diphtheria, for which tracheotomy had been performed, and he had since worn an unfenestrated canula. Some time after the operation, he was brought to Dr. Stork in consequence of having become dumb. Laryngoscopic examination showed a normal condition of the part as far as the interior of the larynx; beyond the vocal cords, a *cul-de-sac* was noticed. The vocal cords moved, but without sound ; there was a remarkable absence of secretion. Dr. Störk diagonised complete adhesion of the cricoid cartilage. On examination with a small tracheal speculum, a wall of mucous membrane was found to have been formed between the larynx and trachea, arching over the latter like a dome. Dr. Störk consequently resolved to perform internal laryngotomy. For this purpose, he used a knife one-fifth of an inch long, set at a right angle to the handle, with which he carefully divided the adherent parts from below upwards and from behind forwards ; this having been done a specially constructed dilating apparatus was applied. There was little hæmorrhage during the operation ; and the only difficulty arose from the narcosis. After the operation, the laryngeal opening having been dilated and the tracheal opening closed, the patient was able to speak.—*Brit. Med. Journal.*

Transplantation of Testicle from Groin to Scrotum.—Mr. Wood reports the following case in the *Lancet* of May 1st :

George D., aged thirteen : When quite young a tumor was noticed in right groin, which disappeared when he was lying down, but reappeared when he walked. He has worn a truss as long as he could remember. By this means he had prevented the descent of the tumor till ten days ago, when it slipped past the truss and could not be returned. Four days after he experienced great pain in the right groin, the tumor increasing rapidly in size, with sickness and constipation.

On admission, there was found at the right external ring a solid tumor, irreducible, excessively painful, and with no impulse on coughing. There was absence of the right testicle from the scrotum. The diagnosis was, an inflamed undescended testicle. An ice-bag was applied, followed in a week's time by diminution of the testicle to its original size. It could not, however, be returned to the abdomen.

On February 28th Mr. Wood exposed the testicle, which was found to be somewhat smaller than its fellow, by a vertical incision over the external ring. The cavity of the tunica vaginalis could not be found, and seemed to have been obliterated. The testicle, especially at its upper border, was attached to the pillars of the ring by very firm adhesions, which were with some difficulty broken down. Mr. Wood then freed the cord for about an inch and a half, and though he found it considerably shortened, by making traction he was able to bring the testicle down about an inch. He then everted the scrotum, stitched the testicle by catgut to the everted part, put a small drainage tube in, sewed up the opening, and applied a pad firmly above the testicle, the whole operation being performed antiseptically.

The patient slept well on the night of the operation. Next day the testicle, though slightly retracted, was still well out of the external ring. There was no pain complained of, the wound united by primary adhesion, and the drainage-tube was removed on March 10th. The temperature was never over 90°. On March 15th the patient was discharged, wearing a water-pad truss, which was specially constructed to keep the testicle in the scrotum.

A Case of Early Pregnancy.—Dr. May reports the following case in the *Lancet* :—L. E.—— (born February 7th, 1867, daughter of a farmer) was brought to me in November last to be treated for amenorrhœa. I learned from her mother that the menstrual flow, which had made its first appearance during the preceding April, had not occurred since. Struck by the peculiar figure of the girl, I inquired of the mother whether she had any suspicion of the nature of her daughter's condition, and I then elicited that it had recently come to the knowledge of the parents that there had been an improper intimacy between her and a lad of twenty, employed as farm servant. In consequence of this I made an examination, which verified my suspicion that she was pregnant. I may here mention that the affair became subsequently

the subject of criminal proceedings against the lad, who in January last was sentenced to a term of twelve months' imprisonment under the provisions of the recent Act of Parliament.

Although L. E. was more developed than are most girls of the same age, I naturally anticipated, from her extreme youth, a very tedious if not perilous labour. The sequel will show how agreeably I was disappointed.

On the morning of February 26th I was sent for to visit her, and on reaching the house learned that labour had commenced the previous morning at about half-past ten o'clock. At the time of my arrival (8.30 a.m.) I found the os uteri fully dilated and the head presenting in the first position. From that point labour progresssed rapidly, and in one hour and a half terminated in the birth of a healthy, well-developed male child. The mother never had a bad symptom, and both she and the child have been doing well since.

It will be seen from the above dates that L. E.—— was, on the birth of the infant, thirteen years and nineteen days old.

Examinations at the Royal College of Surgeons.—As the mode of conducting the Primary or Anatomical and Physiological Examination for the diploma of Membership of this institution has been much altered, perhaps the following may be interesting to teachers and students. Commencing with the written portion of the examination, there were two distinct papers submitted to the candidates on the same day (viz., the 2nd inst.), from one to three o'clock, when they were required to answer four, and not more than that number, out of the following six questions on Anatomy :—

1. Describe the calcaneum.

2. Describe the arrangement and attachments of the perineal fasciæ.

3. Give the attachments of the trapezius muscle; state what structures are exposed upon its removal.

4. Give the dissection required to expose the first portion of the subclavian artery on the right side.

5. Describe the course and relations of the portal vein ; name its tributaries, and mention their anastomoses with the systemic veins.

6. The brain being removed from the skull, how would you proceed to expose the corpora quadrigemina ?

These having been answered or attempted, they met again after an hour's respite—viz., from four to six, when the following questions on Physiology were submitted to them, with the same conditions as the Anatomical :—

1. Give the physical characters and chemical composition of the blood ; describe its corpuscles. What purposes do they fulfil ?

2. Mention the average period of eruption of the temporary and permanent teeth. Describe the minute structure of a tooth.

3. Give a description of the microscopical appearance presented by a transverse section of the spinal cord in the cervical region. What are the functions of the cord ?

4. Describe the course and minute structure of a renal tubule. What functions have been ascribed to its several parts ?

5. How is the circulation of the blood maintained ? What is the average velocity of the blood in the larger arteries and veins, and in the capillaries ? By what means has this been ascertained ?

6. What is the structure of adipose tissue ? What are its uses in the economy ? and what are the circumstances that lead to variations in its amount ?

Of the 173 candidates, 24 were examined daily at the *vivâ voce* for fifteen minutes at *two* tables, instead of ten minutes at *three*, as heretofore. At these tables there were two examiners in Anatomy and two in Physiology. At the former tables were to be seen carefully prepared dissections, made by gentlemen who had passed the examination and the *élite* of the metropolitan schools, as also some beautiful preparations from the museum of the College. At the expiration of the time the candidate proceeded to the Physiological tables, where he was met by two examiners, who submitted to him microscopic objects, such as blood, urine, milk, muscular fibre, bone, enamel, sections of kidney, brain, &c. The examiners in Anatomy were Messrs. Durham and Bellamy at table A, and Messrs. Pick and Rivington at table B ; Physiology was represented at table C by Messrs. Power and Lowne ; and at D by Messrs. Baker and McCarthy. The new plan appears to work very well, and to give great satisfaction to the students. Mr. Heath, who is the Chairman of the Board, readily admits Fellows of the College and teachers generally to witness the examinations, which in consequence may be considered public.—*London Lancet*, April 10, 80.

Cruelty to Women.—The *Lancet*, May 8th, '80, says : We have a serious duty to perform ; and we cannot shrink from it. The public are, probably, not aware of the cruelty which is being inflicted on a large class of the community by the practice of keeping shop-women standing during the hours of business. In some of the large establishments daily patronised by ladies of fashion the permanent injury done to the young persons engaged is of alarming proportions, and it is time to protest. Young women come up from the country in full health, and are rapidly reduced to a condition which practically condemns them to life-long suffering. So fatuous is the discipline in many of the large houses, that if a girl is seen to lean for a few moments for relief in her weariness she is

reprimanded, and if the offence (!) be repeated, dismissed. This cruelty—we can use no milder term—is one which society or, if need be, the law, must put down. We have not adverted to this painful subject until compelled to do so by the most conclusive evidence that the practice of keeping girls standing during business hours is a large factor in the causation of the most distressing diseases. The public will aid our endeavours to put a stop to this evil by interfering as opportunity offers; but an appeal must be made directly to the tradesmen, especially to the large retail drapery establishments in the metropolis. We especially invite communications from firms who are willing at once to provide sitting accommodation for the young women in their employ, for use during the intervals of personal attendance on customers. The names of these firms we will publish in a special list, and by this—and other—methods of enforcing the reform so urgently needed, strive to eliminate at least one of the many remediable causes of disease.

Chian Turpentine in the treatment of Cancer.—Professor John Clay, of Birmingham, has published some remarkable cases of cancer of the uterus cured by the internal administration of Chian turpentine. We give the following as one of the best marked cases. The patient *æt.* 32 came to the Queen's Hospital after having been discharged incurable at the Women's Hospital. She was greatly depressed. She had had repeated floodings and suffered greatly from pain during the last five months. Constipation very troublesome, probably due to opiates. She was found to be suffering from epithelial cancer of the os and cervix uteri, but not involving the vagina. There was a cancerous mass of the posterior parts of the os and cervix of the size of a goose egg. This growth pushed the os uteri towards the pubis almost preventing that part from being felt. A mixture containing six grain doses of Chian turpentine dissolved in ether and suspended in mucilage was taken three times a day, and from this period a very rapid diminution of the growth took place, so that by the sixteenth day it had almost entirely disappeared. The os uteri was now in situ, admitted the finger readily, and the vessels of the tumor assumed a shrivelled appearance. A solution of perchloride of iron was then used daily with excellent effect. In the ninth week the patient suffered from spasmodic pains in the back and abdomen, which was attributed to the medicine. Iodide of calcium was then given for a fortnight. After this Chian turpentine was resumed while an arsenical lotion was used locally. Under this treatment the woman very rapidly improved, the pains ceased and the parts became much reduced in size and more movable. She was sent to a sanatarium and discharged convalescent. Professor Clay says the Chian turpentine seems to act on the periphery of the growth with great vigor, causing the speedy disappearance of cancerous infiltration, and thereby arresting the further development of the tumor. It appears to dissolve the cancer cells. It is a most efficient anodyne causing an entire cessation of pain in a few days. The Professor, whose name is a sufficient guarantee for the diagnosis and the results of treatment, does not affirm that the Chian turpentine is a positive cure for advanced cancer of the uterus. Nevertheless all the patients treated are still living, their disease has been arrested and has all but disappeared, and it certainly relieves the pain in a manner which cannot be said of any other remedy.—*London Lancet.*

Treatment of Empyema.—In the current number of the *Birmingham Medical Review* is a paper by Mr. William Thomas, one of the surgeons to the Birmingham and Midland Free Hospital for Sick Children, on the surgical treatment of empyema, as illustrated by several cases in which resection of one or more ribs has been practised. The success recorded by Mr. Thomas is very marked. He has performed the operation nine times; four of the children have recovered with expansion of the lung and restoration of the excised rib, in three others all discharge has ceased and the lungs are in various stages of expansion; another case is "doing well," and the ninth case was almost moribund when operated on, and died six hours later from asthenia. The case of Dr. F. Taylor and Mr. G. Howse is also recorded in the paper. The object of the operation is to allow of full retraction of the ribs and efficient drainage of the pleural cavity. It is of course obvious, but yet not always borne in mind, that an empyema can never be cured unless the cavity of the pleura is obliterated by the expansion of the lung, the displacement of viscera, or the falling in of the chest wall, or all of these together. But only when the lung expands to its former size have we any right to speak of a "cure" having been accomplished; in the other cases recovery may have resulted, but the patient is sadly crippled, having a much diminished breathing power. We cannot keep this consideration too constantly and clearly in view; it is not enough to save the life in such cases, we ought also to save the lungs, and it is a stigma on surgery to allow a patient to recover with a collapsed useless lung, as to permit anchylosis of the hip to occur in a false position. This is not a mere quibble, for the want of a clear perception of this point leads to errors in practice which have very disastrous results: patients with pleuritic effusion are left alone so long as no serious symptoms arise, there is a long delay before the fluid is withdrawn, and meanwhile the lung is being compressed and possibly bound down, so that it can never fully expand again. We know that of late

years paracentesis thoracis has become much more generally adopted and employed at an earlier period in the disease than formerly, but we want still further progress in the same direction. The main issue to consider in any case of pleurisy is the injury to the lung, and recovery with a damaged lung ought never to be looked upon as a satisfactory termination to a case. There is no period in the disease, after effusion has taken place, too early for aspiration of the inflamed pleura; there is no consideration more pressing than the speedy removal of the force compressing the lung. These being our views, we look upon such an operation as resection of the ribs as evidence of failure in the earlier treatment of the case. The removal of a portion of a rib allows freer drainage than can otherwise be obtained, and no doubt permits of a more complete recession of the chest walls than is otherwise possible, and the bone is eventually reproduced; but we must again repeat that recourse to it is an admission of failure to obtain a "cure," the effect of which is in many cases as diastrous as the saving of a life at the expense of a limb.—*Lancet, May 27, 80.*

Trousseau's Cataplasm.—Dr. Dieulafoy gives the following directions for its preparation: Take, according to the size of the afflicted articulation, three or four pounds of bread—four pounds are sufficient for the knee joint, two pounds for the wrist. Cut it into pieces, removing carefully the hard portions of the crust, and soak the bread for about a quarter of an hour in water. It is then taken out, tied in a cloth, and squeezed to express a part of the water absorbed, so that the bread remains moist but not too wet. It is then put into a steam bath, and allowed to remain there for three hours, when it becomes like dry paste, which is softened by the addition of camphorated alcohol. This dough is then kneaded for about five minutes, till it is of the consistency of plum pudding. This is the most delicate point in the making of the cataplasm, because if it is too soft it will give way, and spread out under the pressure of the dressing, and if it is too hard it is apt to crumble and break into small pieces, which might injure the skin. The degree of consistency of the cataplasm must, therefore, be very carefully supervised, because, unless one is in the habit of making it, there is always a tendency to make it too soft, either because the bread has not been squeezed sufficiently before having been put into the steam bath, or because too large a quantity of camphorated alcohol has been poured upon it. The dough, having thus been prepared, is spread on a linen bandage in the shape of a rectangle, large enough to cover the whole of the joint. The poultice must be at least one-third of an inch thick at the edges, in order to prevent the thinner portions from drying too quickly.

The surface of the cataplasm is then painted with the following liquid mixture:

Camphor.....	7	grammes (105 grs)
Extr. opii.....	5	"
Extr. bellad.....	5	"
Alcohol, q. s.		

This being done, it is applied by being put over the affected joint, and covered by a non-evaporant covering. The whole is then firmly fixed by means of a long flannel bandage, over which is placed a linen one of the same length. These bandages vary in length, according to the size of the joint, and, consequently, to the size of the poultice. The joint having been thus bandaged, it must remain perfectly immovable; the compression, although firm, must not cause the underlying parts to become œdematous; this may be prevented, however, by bandaging them also. In order to prevent the layers of the bandages from slipping, they must be sewn to each other. The cataplasm then remains in the same position for eight or ten days, after which time it is removed, and found to be fresh and moist as if it had been just applied; it still smells of camphor, and does not present the least trace of mould. The skin which has long remained in contact with it is perfectly healthy, unless the cataplasm should have been too thin at the edges, thereby either drying too soon, or giving way under the pressure of the bandage, and causing the skin to excoriate. This is Trousseau's cataplasm. At first sight it may appear too expensive for poorer patients, because the cost of the material amounts to from two-and-sixpence to five shillings, if the appliance is made in a hospital. If, however, we consider that the expense having been once incurred, the cataplasm remains in its place for at least eight days, during which time no other medicine is given we are soon convinced that it is even cheaper than most other appliances. The indications for the use of this cataplasm are so obvious that they need not be repeated here. In every kind of chronic or subacute inflammation of the joints, when other means, such as blisters and cauterization, have proved unsuccessful, and even in the first instance, Trousseau's cataplasm will be found most useful and advantageous.

Pelvic Effusions.—The following are Dr. Maury's conclusions as to the *treatment of pelvic effusions*: 1. Caution and judgment are eminently demanded in the treatment of pelvic effusions; in the management of pelvic abscesses, we should wait until maturation is complete, and simply assist Nature by making an incision as early as we are satisfied she has clearly indicated the point of opening. This is demanded in order to lessen the risk of a rupture into the peritoneum or bowel. 2. Inasmuch as many pelvic abscesses do not point at all, and manifest no tendency to open of their own

accord, surgical means must be employed to make a way for their evacuation. 3. Generally these abscesses can be reached through the vagina, and whenever the effusion presents at the vaginal roof, so that it may be felt as a resisting body (it is not necessary that it should come down into the pelvis), it may be evacuated by the trocar. In rare cases these tumors present only in the rectum, or through the abdominal wall, and cannot be reached through the vagina. 4. Whenever we are satisfied of the existence of pus, and that ripening of the abscess has occurred, and thinning of the wall can be discovered, let us open it at once. 5. When we cannot, by physical signs alone, prove the presence of pus, as is often the case, but believe it to be present from the constitutional symptoms, we should not hesitate to explore the pelvic roof or rectal or abdominal wall by aspiration, and remove the effusion without delay, wherever found. 6. The great majority of serous effusions will disappear under the influence of rest and counter-irritation. The very few which continue, in spite of medical measures, should be treated like similar effusions into the pleura. 7. Should such an effusion remain unabsorbed for three or four weeks after the beginning of the attack, and all acute symptoms have subsided, and especially if pain and a feverish condition be present, we should not hesitate to aspirate with a delicate trocar, and remove the effusion. 8. We are often unable to tell from the patient's history how long the effusion has been present, especially if the case has been subacute or chronic from the beginning ; but we may always with propriety aspirate, if the condition is not one of acute inflammation, and if we are satisfied of the inutility of remedies.—*St. Louis Cour. of Med.*

Hydatid Disease of Spleen and Left Lung: Wm. S. Paget, M.D., reports the following interesting case in the *British Medical Journal* :

Mrs. L., aged thirty-nine, married at the age of twenty-eight, with a family of four children, had enjoyed fairly good health all her life up to four years ago, when she first complained of pain in the left side under the false ribs ; she noticed, also, a slight swelling in this locality ; at same time commenced attacks of hemoptysis, large quantities of florid blood being expectorated at intervals of three or four weeks, usually at a menstrual period, which latter, however, was as a rule profuse. Along with the expectoration of blood, or sometimes alternating with it, large shreds of parchment-like membrane were expelled ; they were only got rid of after a severe attack of coughing. Over the region of the swelling the patient complained of a tickling sensation, as though something were moving inside.

Mrs. L. had been under medical advice four years previously to my seeing her, and two of the gentlemen whom she consulted had informed her that she was expectorating "live things" (as she expressed it). Her condition, when first seen by me, was as follows : face worn and anxious, slightly icteric ; considerable emaciation ; pulse 120 ; temperature 100° ; respiration labored ; cough paryoxsmal, attended by profuse expectoration of thick muco-pus, sometimes half a pint in twenty four honrs ; occasionally large parchment-like pieces of membrane in the expectoration, of laminated structure, but no echinococci on microscopic examination. She complained of considerable pain in the left subclavicular region. The digestive system was much impaired, most articles of food being rejected sooner or later.

The physical signs in the chest were deficient expansion on the left side, and at the apex indications of breaking up of lung-tissue ; respiration feeble at the left base ; condition on the right side normal. Over the splenic region was a swelling bulging to the extent of six inches below the false ribs, tolerably firm but with an indistinct fluctuation. When examined in this region, the patient expressed herself as confident that it was from this quarter the shreds of membrane came in the paroxysm of coughing ; but, upon applying the stethoscope and desiring her to cough, no evidence could be obtained of any communication between the tumor and the left lung, though the amount of muco-pus expectorated seemed more than could be accounted for by the physical condition of the left apex. The urine was scanty, depositing lithates ; no albumen. The subsequent progress of the case was downward ; signs of large cavity at left apex ; frequent vomiting ; dyspnœa urgent. Death took place suddenly one day in attempting to clear the throat of some membranous shreds.

My diagnosis was that the tumor was splenic, probably hydatid ; that it had suppurated, become adherent to the left lung, and was discharging itself by this means ; that there was co-existing phthisical disease of the left apex, or else an old suppurating hydatid cyst in that locality.

Necropsy. I had considerable difficulty in obtaining an examination ; but after a great deal of persuasion succeeded in obtaining permission to examine the chest and abdomen. The lower lobe of the left lung was comparatively healthy but at the apex was a large cavity, in which three fingers could be placed full of muco-pus and large detached shreds of membrane ; others of similar character hanging from the walls ; these were of precisely the same nature as those expectorated. The right lung and the heart were healthy. The tumor projecting from beneath the false ribs proved to be the spleen ; it was nine inches long, six inches broad, four inches thick, and weighed two pounds and three-quarters. On making an incision into it, acephalocysts in all stages flowed out, varying in size from a pin's head to a walnut ;

in the centre was a quantity of saponaceous material, consisting of shriveled cyst and fatty matter. The cysts and fluid together measured over a pint. The liver, though carefully examined, showed no signs of either recent or old- tanding hydatid disease in the shape of cicatrices. The other abdominal organs appeared healthy.

Remarks.—The point of chief interest seems to me to be the relation between the affection of the spleen and that of the lung, for that the latter was hydatid, I think, admits of no doubt; as far as could be gathered they seemed to have originated about the same time. It is a matter of regret that I could not glean any particulars from her previous medical attendants; one, to whom I wrote, remembered the case, but could not find any notes of it. A curious feature is the non-affection of the liver; for I believe it is almost an invariable rule that when the spleen is affected, there are found traces of previous liver-affection. If it be suggested that the secondary growths are started by conveyance of the parasite in the portal blood-stream, the splenic ought to be the older growths, the hepatic the more recent; and in the case just reported, one would have expected to find (if this theory were correct) a recent tumor in the liver; the opposite state of things, however, appears to be the rule; an old liver-affection, a recent splenic one, when these co-exist. This case would seem to lend support to the theory that the hooked embryos, when liberated in the human alimentary canal, make their way at different periods into neighboring organs, and thus originate hydatid growths at different stages, quite independently of the blood-stream.

Points in the Surgery of the Urinary Organs which Every Practitioner ought to Know.—The *first point* was that retention of urine in children was always caused by a stone unless there is some mechanical obstruction in the escape of urine, such as a contracted meatus or tight foreskin. *Second point*—That incontinence of urine which is diurnal as well as nocturnal may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention, and in another to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half-an-inch further forwards, it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus. *Third point*—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up, and dribbling took place. *Fourth point*—That dribbling of urine in men signifies retention not incontinence. He explained the apparent parrdox showing how in cases of enlarged prostate or stricture, the patient always left some urine behind after each act of micturition which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the stricture became weakened a little by the great pressure, and leakage followed, so that the urine was always dribbling away. *Fifth point*—That if, when a catheter was passed in a man the urine was expelled with great pain and violence, not only through the instrument, but in streams by its side, there must be calculus impacted in the deeper portion of the urethra. *Sixth point*—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated. *Seventh point*—That a gleet of more than six months' duration means an incipient stricture. *Eighth point*—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus. *Ninth point*—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were very much worse at night than in the day, whereas calculous were most comfortable whilst in bed, but when they moved about in the day they suffered greatly from the movements impressed on the stone. *Tenth point*—When a man who complained of frequent and painful micturition was very much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanations in the former point applied exactly to this also. *Eleventh point*—Before delivering a child see that the mother's bladder is empty. *Twelfth point*—If a woman has retention of urine after childbirth, she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.—Mr. Teevan, in *Med. Press and Circular.*

Duchenne's Palsy and the Patellar Tendon-Reflex.—The interest felt of late by neurologists in the import of modifications of the so-called patellar tendon-reflex is my excuse for these few remarks.

The increase of this phenomenon in affections where we have reason to believe there is some release of the spinal system from the normal brain-control, or in other words, where the inhibitation of reflex action is in abeyance, does not present any special difficulty. We have an example of this furnished us by the *spastic* or *spasmodic* paralysis, which has been attributed to sclerotic change in the lateral columns of the spinal cord. It might be of interest to inquire whether hysterical disease is illustrated by the same phenomenon.

But when we consider the diagnostic and etiological value of the abolition of the tendon-reflex, we are met with a somewhat more complex question. The stoppage of the impulse which leads to the reflex action of the quadriceps extensor cruris may take place in the centre, or in the afferent or efferent nervous apparatus. From what we know of the absence of this phenomenon in locomotor ataxy, where it has been hitherto chiefly observed, we appear to have good reason in considering central change to be the obstacle. The reflex disappears before there is any marked sensory or motor paralysis, and morbid anatomy connects with this disease a definite lesion of the cord. It would seem that an abolition of this tendon-reflex probably points to some spinal lesion, in cases where sensation and voluntary power over the muscles still exist in the limb in question. Now, among the affections in which this phenomenon has been studied, Duchenne's palsy, or pseudo-hypertrophic paralysis, is somewhat prominent. I have noted it in two well marked cases (one of which is still in the ward) that I have lately had under my care at the East London Hospital for Children; and I find four cases with this symptom mentioned in Dr. Gower's very valuable lecture recently published. Considering how very lately it is that attention has been directed to the knee-phenomenon, hitherto known chiefly to schoolboys, these four observed cases probably bear a larger proportion to the whole list than appears at first sight. Dr. Gowers certainly states that, early in the disease, the reflex is present; but, in support of this, he quotes no individual case. It is desirable that further observations be made on this perhaps important point; though it is but rarely that early cases of Duchenne's disease come under the notice of physicians. At first sight, however, the loss of tendon-reflex appears to have some bearing on the hitherto unwritten pathology of this malady. Although there is no positive anatomical evidence in favor of the theory of its central origin, there is not much to be said as yet for the German explanation, quoted and espoused by Dr. Gowers, that the disease is congenital nutritive and formative weakness of the striated muscle-substance. There are many and important clinical points of analogy between Duchenne's disease and progressive muscular atrophy, which we are now tending to class among spinal diseases; and it can hardly be denied that, should further observation confirm the frequent occurrence of the absent knee-phenomenon in Duchenne's palsy, we should take this fact into account when discussing its probable origin, remembering analogy of locomotor ataxy.

It may be urged by some that the absence of tendon-reflex is connected in the disease we are considering with the very muscles which are notably weakened, namely, the quadriceps extensor cruris; and that the stoppage of the reflex stimulus may take place in the motor nerve to this muscle, or in the muscle itself. But we must remember that, although these muscles are shown to have lost working strength, especially in the action of rising from the ground, yet a very fair voluntary power remains for some time extending the leg on the thigh when the patient is lying on his back. It might be interesting, however, in this context to inquire, more accurately than has hitherto been done, into the degree of power of these extensor muscles in the stage of locomotor ataxy previous to the setting in of the general paretic condition.

Further observations may settle the question as to whether the diagnosis and pathology of Duchenne's disease may gain any such light from the absent tendon-reflex, as we think we have derived therefrom in our study of locomotor ataxy.—H. Donkin, M.B., in *British Medical Journal.*

Painless Cure of Internal Hæmorrhoids. —This method is based on the fact that certain portions of the hæmorrhoidal tumor are comparatively painless, and through which a seton may be passed with little suffering. It is applicable to such tumors as are not inflamed, inflammation increasing the sensitiveness to such a degree as to render the method impracticable. The tumors are completely extruded by enemata of water, as hot as can be conveniently borne, when a careful study of the sensibility of the tumor should be made. As a general rule the most sensitive part is a narrow band just at the base, where the lining membrane of the rectum is reflected on the hæmorrhoid This band may, at times, be very narrow, not exceeding a tenth of an inch in breadth. Tracing the sensibility of the tumor itself from the band encircling it, towards the summit, it will be found that there is a rapid loss of all perception of painful impressions until at the apex a needle can be passed with but very little pain. In certain cases the anæsthesia at the summit is complete, and in no case is the covering of the tumor as sensitive as is the normal lining of the rectum. The least painful spot having been discovered, a seton is passed through it, care being taken not to go too deep, or to bring the needle out too far from where it entered. By neglecting this care, not only will pain be caused but contraction of the rectum will result, causing a return of the tumor. As soon as the needle is passed tie the ligature into a loop about six inches long; this loop will enable the surgeon to control the movements of the whole mass of tumors. Next, pass a ligature through each of the other tumors, making the threads double, and tying them so that there is not more than an inch of loop in all. Finally, draw down the upper tumor, by means of the double thread through it, and tie a knot in the latter, so close to the tumor that all the setons may be alike in length; then cut off the superfluous thread and re-

turn the tumors within the anus. This done, the patient should be instructed to keep his bowels freely open, daily, but above all, to at once assume the recumbent posture should any pain develop in the parts. Cases vary widely in the disposition of the seton ; in some this comes away within a fortnight, leaving an ulcer that continues open until the hæmorrhoidal tumor disappears ; in others it remains until the tumor and all the pathological products have been absorbed, and then drops out. If the seton sloughs out and the opening heals with some of the tumor still remaining, a new seton is to be passed, just as if none had ever been introduced.—*Dr. Vance in Med. and Surg. Reporter.*

Birth of a Young Elephant.—A correspondent of the *Boston Medical and Surgical Journal* for March 25th, reports that the members of the Academy of Natural Sciences and the physicians of Philadelphia have lately been favored with an opportunity of recording some very interesting facts in regard to elephant breeding and the social habits of the relic of a former age. Professor Leidy, of the University of Pennsylvania, and Dr. Chapman, of the Jefferson College, have especially interested themselves in the case, and have made several examinations of the elephant cow during gestation. The female elephant Hebe, on May 25th, 1878, was twice covered by a male elephant, a performing member of the same troup of animals. In the act of copulation, no peculiarity was observed that would distinguish elephants from other animals. At an examination in March 1879, by Drs. Leidy, Penrose, Allen, Chapman, John H. Brinton, and others, the two large mammary glands, situated upon the thorax, immediately between the front legs, were observed to be swollen ; the nipples were prominent, and the superficial veins were quite marked. Large sebaceous glands were noticed in the roof of the mouth and behind the eyes. The little elephant was born on March 10th, 1880, making the entire period of gestation six hundred and fifty-five days, which is beyond the term usually assigned of twenty months. The placenta, which was zonular, was presented to the Academy of Natural Sciences ; a dried preparation of it will probably be made by Dr. Chapman. The mother is about eighteen to twenty years of age, and weighs eight thousand pounds. The birth occurred about 2.30 a.m. The night watchman gave the following account. When the calf was born, six other elephants, chained upon the same platform, threw up their trunks, and, dancing around as far as their chains would let them, set up a trumpeting that produced a scene of wild excitement. The mother picked up the calf with her trunk and threw it across the stable, a distance of about twenty yards ; then, breaking her chains, she started after the little one, tearing down the railing and demolishing a stove-pipe in her course. The keeper now came in, and under his direction the animal became quite and was again secured, and has remained docile. The new arrival is a female, weighing at birth two hundred and thirteen and one-half pounds ; thirty-five inches in height ; four feet six inches long ; and around the body (girth), three feet eleven inches. After the mother threw her, the baby elephant picked herself up and went around the room ; and when the excitement was subdued, she was led back to her mother, who received her with many caresses.—*Brit. Med. Journal.*

Caries of the Ankle in Children, Expectant Treatment.—Dr V. P. Gibney, New York, (*Am. Journal of Obstetrics*, April, 1880), in an interesting and valuable article shows the good results of expectant treatment in thirty cases of caries of the ankle. He says : "If the joint is inflamed, entire rest is ordered ; if abscess form, it is opened ; if loose bone be detached, it is simply removed as if it were a foreign body interfering with the process of healing ; if, in the further progress of the case, malposition of the parts is found a brace is given to rectify the deformity. Of course, the health is attended to on general principles." His cases are carefully recorded and analyzed, and he draws from them the following conclusions :

"1. Many children annually undergo amputation of the foot for caries of the ankle, when, by conservatism and a proper amount of respect for the *vis medicatrix naturæ*, the member could be saved, the child be spared the mortification of being thus hopelessly maimed, and surgery itself be ennobled.

2. Excision, as a rule, is not attended with as good results in children as authorities have led us to expect, and is *rarely ever justifiable.*

3. Partial excisions, the passage of tents through the joint, and other operative procedures offer no advantages over the expectant plan.

4. Nature, herself, unaided by art, gets useful limbs, but, as a rule, anchylosis varying in degree and deformity more or less marked.

5. The expectant plan of treatment, fully carried out, assures us of more results that are perfect, and more limbs that are useful without the aid of support, than does any other plan known to the profession."

New Method of Plugging the Posterior Nares.—Dr. J. M. Spear, in the *Medical and Surgical Reporter*, suggests that probably the best impromptu device for this operation consists of a piece of round fine-linked gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain be not procurable, a short string of metallic cylindrical beads, or bird-

shot, compressed on a cord, or small strips of sheet-lead wrapped on a cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, and slight flexibility. After providing an instrument, which can generally be done at any farm-house, the patient is then laid upon the back, the floor of the nose brought as nearly vertical as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching, or clearing up of the throat. The patient, then being brought to an erect position, easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual. The practicability of this procedure he has had occasion to demonstrate frequently, and he finds it much less annoying to the patient than Bellocq's sound or other unyielding instruments.

Oxide of Zinc in Chronic Eczema.—Dr. H. Fisher writes to the *Lancet* as follows : "I send you my experience of a simple palliative remedy, which has acted magically in more than one inveterate case, and which I consider a great boon for relieving that most unmanageable disease. The case in which I discovered it was a fat, healthy woman up to the time she was attacked with the acute form, and which left her body and extremities heir to the chronic disease in the most aggravated form. Everything I tried, both internally and externally, that I ever read or heard of, even oxide of zinc in other shapes besides the one that happened to relieve. In this case I ordered two or three different applications each day to different parts, with the hope of finding something to mitigate the burning pain. One happened to be the oxide of zinc, four drachms, rubbed up with eight ounces of water, adding one drachm of hydrocyanic acid (Scheele's) ; the other two the woman said aggravated the pain, when this gave instant relief, and, in fact, her pain of weeks was suddenly, as she said, cured.

" I have tried the same lotion, and without the hydrocyanic acid, in many cases since with the most wonderful relief. It can be improved on by bandaging oiled silk over lint soaked in it on the legs and arms."

Iodoform in Otorrhœa.—Chronic catarrh of the middle ear is notoriously obstinate in its course, yielding to no treatment ordinarily resorted to by the average practitioner of medicine. Having been disappointed in the results of treatment, even the manœuvres of Politzer's bag ; inflating the drum cavity at regular intervals; systematic catheterizing and vaporizing with iodine ; dilating the Eustachian tube ; and all the internal medication usually employed—I was recently impressed with the idea of trying iodoform locally, and am surprized with the good results. Cases rebellious to everything usually done in such conditions have improved rapidly.

The following is my mode of treatment:—

With a cotton carrier or any convenient instrument, and fine clean cotton wool, thoroughly cleanse the external auditory canal, down to the membrana tympani, using, of course, delicateness of touch, so as to render no pain or reflex irritation of the upper air passage, causing cough, etc. Then apply the following powder every three days, or oftener if the case requires it, *i. e.*, if there is copious discharge of offensive pus—

℞ Iodoform, ℥ ij
Tannic acid, ℥ j.

Triturate very thoroughly, to an impalpable powder, and place a few grains of it in the end of an annealed glass tube about six inches long and ¼ of an inch in diameter. Then, with the thumb and forefinger of the left hand, pull the auricle upward and backward, thereby straightening the external auditory canal, and insert the loaded end of the annealed tube therein, apply the mouth to the other end of the tube, and give a gentle puff, throwing a whirl-wind of medicinal dust down the passage, through the opening in the drumhead, if there be one, and there usually is in these cases, back into the mastoid cells, down the Eustachian tube, and completely storming the whole mucous lining of the auditory apparatus, and in a better manner than can be effected in any other way.—Dr. S. Pollock, in *Med. and Surg. Reporter.*

Elision of the Term Homœopathy.—The following significant statement is from the valedictory address recently delivered at the Buffalo Homœopathic Medical College : "The elision of the term [homœopathy] could be of no detriment to the denomination ; in our judgment, it would be benefitted in every way,—a great gain and no loss. In the minds of many it is the great barrier to progressive medicine, to professional tolerance and a high social status, to liberty of thought and action, to freedom of sentiment, speech, and practice. Its name and extravagant notions have kept in abeyance the careful examination of the most scientific method of treating disease, for the great mass of professional men have been tutored from their early pupilage to look upon it opprobriously. It has proved the great obstacle to admission to army, navy, and health boards. Its exclusive dogma limits the research of its pupils, curbs the ambition of the practitioner, checks the progress of liberality and reform, and brands its votaries in the estimation of the majority as charlatans. The student should not be fettered by any dogma, pathy, or ism. The broad fields of science and art should be his realm, and he should be permitted to bask in the glowing light of reason and experience."

Treatment of Capillary Bronchitis.—In capillary bronchitis tartar emetic may be given for the first day or two, but if there are any signs of depression it should be omitted. Afterward spirits of turpentine with ammonia and ether are the most useful remedies. Ether is here very valuable, as, besides being a diffusible stimulant, it overcomes any spasm of the muscular tissue of the bronchial tubes which may exist. If the kidneys are not acting properly, spirits of juniper may be given with great advantage. Stimulants are generally required, and the diet should be nutritious and easily digested. Turpentine stupes and linseed and mustard poultices should be kept continually applied. In those cases where the bronchial tubes become blocked up with mucus, an emetic will bring this away, and afford great relief. When the acute symptoms are passing off iodide of potassium and carbonate of ammonia internally, with fly blisters about the sternum, afford the best results.—*Dr. Younge, Med. Press and Circular.*

A New Disinfectant.—A new disinfectant has been introduced in Australia composed of one part of rectified oil of turpentine and seven parts of benzine, with five drops of oil of verbena to each ounce of the mixture. Its purifying and disinfecting properties are due to the power possessed by its ingredients of generating peroxide of hydrogen or ozone. Articles of clothing, furniture, wallpaper, books and papers may be saturated with it without damage. When it has once been freely applied to any rough or porous surface its action presists for an almost indefinite period. This may be shown readily at any time by putting a few drops of a solution of iodide of potassium on the surface which has been disinfected, when the ozone, which is being continually generated, will quickly liberate the iodine from its combination with the potassium, giving rise to a yellow discoloration, or a blue if boiled starch has been added to the iodide of potassium solution.

Dimples to Order.—A New York paper heralds a manufacturer of dimples, who comes from Paris, of course, and whose *modus operandi* is described as follows: "I make a puncture in the skin at the point where the dimple is required that cannot be noticed when it has healed, and with a very delicate instrument I remove a slight portion of the muscle. Then I excite a slight inflammation, which attaches the skin to the subcutaneous hollow I have formed. In a few days the wound—if wound it can be called—has healed, and a charming dimple is the result."—*Boston Journal of Chemistry.*

The life of a doctor is a hard one if he gets practice, and a deal harder if he does not.

Puncture of Obscure Abscess of the Liver.—Sir Joseph Fayrer (*Lancet*) quotes the following from Prof. W. S. Palmer, of Calcutta, who has had large experience in this affection:

"You have asked me to give a brief account of the results of treatment by puncture in cases of doubtful liver abscess which came under my treatment during the period of six years, in which I had medical charge of an average of about seventy patients in the European General Hospital, Calcutta.

Passing over cases of undoubted liver abscess, there was still a residuum of patients presenting doubtful symptoms in whom neither unsymmetrical enlargement nor superficial tumescence, etc. could be detected. Such patients presented symptoms varying in every degree. At the one extreme, cases of general cachexia, with irregular slight febrile attacks, would exhibit symptoms as frequently attributable to deranged stomach or bowels or lungs only, as to the liver itself; while at the other, slight general enlargement of the organ would be found associated with that peculiar form of 'tenderness' in which pressure over the organ produced an indescribable sensation, inducing either faintness, hurried respiration, palpitation, or nausea with retching, or all of these at once.

In all this large class of cases it was my custom to plunge a long trocar and canula, of small diameter, into any or all parts of the liver, through a valvular opening, examining, on the spot, the small quantity of extricated matter for pus glubules.

It was only in very exceptional cases that any signs of pus could be detected. When it was so detected, the puncture was generally followed by slight inflammatory action at the seat of puncture, which probably ended in adhesion of the organ to the parietes, and so facilitated the future opening of the abscess. When, on the other hand, no pus was found, a good deal of anxiety was felt in the earlier cases lest the puncture should be followed by any evil results. Such moments of anxiety soon ceased however, to recur; for it very rarely happened that the patient did not express himself, the next day, as feeling much relieved, and in no case do I remember any bad consequences resulting from such punctures. The relief was frequently only temporary, in which case a second, a third, or a fourth puncture was made at intervals of eight or ten days. In some, however, one puncture sufficed to cure."—*St. Louis Clin. Record.*

A $10,000 suit for malpractice was instituted against two Baltimore surgeons recently, in a case of fracture of the arm. Dr. Walls, one of the surgeons, gave an account of the case and its treatment, which was so clear and convincing that the plaintiff and counsel made a public apology and withdrew the suit. This is the most remarkable case on record.

ANTISEPTIC INHALATIONS IN PHTHISIS.—Dr. Muller, a Berlin chemist, lays claim to the priority in the employment of antiseptic inhalations in the treatment of phthisis. He states that he recommended inhalations of borax and salicylic acid in a case of phthisis in 1876, and that his suggestion was carried into effect by Dr. Sachse, of Berlin, with remarkable success. He was led to make this suggestion by the theory, that in pulmonary phthisis a portion of the lungs is in a state of decomposition, or of alkaline fermentation; and as similar processes in open wounds are controlled by antiseptics, so the inhalation of antiseptics might be expected to exhert an inhibitory action on the morbid process in the lungs, and thus effect a cure. He recommended for the purpose salicylic acid, which was made easily soluble by the addition of borax. This combination is quite as powerfully antiseptic as the benzoate of soda, and is, he believes, preferable to it, because it acts more energetically on the alkaline fermentation in the lungs, and produces no deleterious effects. The solution he recommended was 750 parts water, 25 parts salicylic acid and 19½ parts borax.

Dr. Sachse, in an open letter, confirms the claims of Dr. Muller, and states that he has since employed the borax-salicylic acid inhalations in a number of cases, of which he gives brief accounts, with, on the whole, very satisfactory results. He uses a solution of two parts borax, 2½ parts salicylic acid, and 100 to 150 parts hot water, and orders the inhalations to be practiced morning and evening for five or ten minutes, instructing the patients not only to inspire deeply but particularly to make deep and prolonged expirations. The inhalations often caused, at first, cough and a slight burning sensation in the neck, and some of the patients complained of loss of appetite, due to swallowing a good deal of the fluid; in such cases the solution was diluted with an equal quantity of hot water until the patients became accustomed to it. The taste of the solution is bitter and very unpleasant. No hœmoptysis occurred in any of the cases after the inhalations.—*Physician and Patient.*

GANGRENE OF THE LUNG—RECOVERY.—The *Lancet* of April 10 contains notes of the following case, which occurred under the care of Dr. Sturgis, at the Westminster Hospital. A man of twenty-seven, who had previously enjoyed good health, caught cold, with cough, pain in the left chest, with profuse expectoration and dyspnœa, which, during five weeks, became steadily worse. At the end of that time he was anæmic, weak and thin; his breath and sputa were of the characteristic odor of pulmonary gangrene. The sputa were frothy at the surface, but had a blackish-gray layer below. On percussion there was a patch of dulness over the left base behind, about three inches square, and, on auscultating over this patch, crepitation of medium character was heard during inspiration and expiration. The other parts of the lungs gave evidence of bronchitis. Dr. Sturgis diagnosed the case as gangrene of the lung, and ordered the patient to be placed in a complete atmosphere of carbolic-acid vapor. A tent was placed around the bed-head, and vapor of carbolic acid was passed into the tent. The strength of the solution was one per cent. The patient was kept in this atmosphere for five weeks; for the first fourteen days the cough and dyspnœa were no better, but the offensive odor of the expectoration disappeared, sputa still giving evidence of pulmonary break-down. During the remaining three weeks of treatment the symptoms gradually improved, and the patient became better and stronger and increased in weight. The patient was finally discharged in good health.—*Med. Times,*

PERFUMED CARBOLIC ACID.—Perfumed carbolic acid is prepared from carbolic acid one part, oil of lemon three parts, alcohol of thirty-six degrees one hundred parts, mixed. This mixture, which appears to be quite stable, has only the odor of lemon, is what has been known as "Lebon's perfumed carbolic acid," the formula for which has long been a secret, but has now been made known in the *Moniteur Scientifique*, of Paris. The antiseptic properties are in no way affected by the oil of lemon.

A SUBSTITUTE FOR COD-LIVER OIL.—In the case of children who refuse absolutely to take cod-liver oil, Dr. Lamarude recommends the following formula:

℞ Glycerinæ ℥x;
Tinct. iodini, Mxxx;
Potassii iodidi, gr. ss.—M.

Sig.—A dessert spoonful a quarter of an hour before each meal.

Under the use of this remedy the appetite returns, and constipation, when it exists, ceases absolutely. In the case of delicate individuals this formula may be modified as follows:

℞ Glycerinæ, ℥viii;
Syr. rubi, ℥xiv;
Tinct. iodini, Mxxx;
Potassii iodid., gr. ss.—M.

(*La France Med.*, 1880, p. 279.)

Since the introduction of chloroform as an anæsthetic agent, thirty-five years ago, there have been 500 deaths from its use. Has the suffering it has saved been worth that many lives?

A seasonable question, and a reasonable one oo: "Have you sent in your subscription for this year's LANCET?"

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & CO., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, JULY 1, 1880.

SPECIAL NOTICE.

Those of our subscribers whose accounts are not settled to January, 1880, will find bills enclosed with the July number, and we hope to have prompt remittances. We also take this opportunity of thanking those, happily the majority, who have paid their subscriptions promptly as they fell due. There are a few individuals on our list to whom we commend the following abstract of the Canadian postal laws:

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.
2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up; and subscribers are held responsible for all numbers sent.
3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.
4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.

THE DUTIES OF RETURNING OFFICERS IN MEDICAL COUNCIL ELECTIONS.

In another column will be found a letter from Dr. Freeman of Milton, a candidate for the Burlington and Home Division at the late election, making, very justly as we think, most serious complaint against the conduct of the returning-officer for that Division, in persistently refusing to admit either the candidates or their respective scrutineers during the opening and counting of the votes. The only effect of thus insisting upon absolute secresy, where no such thing was intended by either Act or By-law, is in every case to throw suspicion upon the accuracy of the count; and however indignant any secresy-loving returning-officer may be, at such a suspicion attaching to any duty *he* may have performed, nevertheless, a strong suspicion of unfairness is under such circumstances unavoidable, particularly when returning-officers are the nominees, and, of course, the special friends, of members seeking re-election, as was notably the case in the Division referred to.

The returning-officer in question may, indeed, excuse himself, as having acted only under the orders of his friend, the gentleman who was a candidate for re-election, and also President of the Council. The President, it appears, told Dr. Freeman, in refusing his consent to the admission of even a scrutineer, that he had sent by telegraph to several quarters, his emphatic decision that the intention of the law was *secret voting*, and that therefore no one should be admitted. The very same complaint has reached us from another Division, where secresy was also foolishly insisted on, under the same high authority, and there, such dissatisfaction has been caused by it, as even to injure, in some degree, the Council's public reputation.

It is inconceivable how blunders so foolish and so injurious, and yet so easily avoided, by the exercise of a very little of the most ordinary discretion, continue to be made by those who, to a large extent, for the time being, have the credit of the Council in their keeping. If voting papers are counted only in secret, neither candidate can feel absolutely sure he has had full justice done him, The presence of each candidate, or his scrutineer, alone gives that security, and can do no imaginable injury. The elections for the Senate of the University of Toronto, which are very keenly contested, are conducted exactly in the same way as those of the Council, viz., by sealed voting papers, the Registrar acting as returning-officer, and the papers are opened on the appointed day, but never in secret—the candidates, their scrutineers, and any voters who choose, being present. In both cases voting by papers sent in sealed envelopes is merely adopted for the convenience of the voters, and not to secure a secresy which no one wishes, and which can only lead to suspicions of foul play.

In the Midland and York Division, the "no admission" advice is also said to have been sent by telegraph from the President, but Dr. A. H. Wright, as returning-officer, had too high a sense of what was due to himself, as well as to the whole profession, to expose himself in this way to any suspicion whatever, and gave full liberty to candidates and their scrutineers to be present if they desired.

It will possibly be said that a candidate may appeal to the Council, if he feel he has been wronged in any way, and as all voting papers are returned to the Registrar from the several returning-officers, a re-count can be made. But, is there any guarantee against the loss of papers by returning-officers prior to returning them? Or is the Registrar, receiving so many, not very likely, however careful, to mislay a certain number? And, where the majority is small, such an accident might utterly destroy an election. The remedy is easy, and cannot be otherwise than satisfactory. Let the Council so change the By-law governing elections as to provide, in every case, for the scrutiny of the voting papers when opened, by the admission of the candidates, with their scrutineers, when such are named, to see and count every vote. This will save the Council and the Registrar a vast amount of trouble, and will prevent, entirely, any candidate imagining that he has not received every justice.

THE AMERICAN MEDICAL ASSOCIATION.

The thirty-first annual meeting of the American Medical Association opened in the Y. M. C. A. building in New York city, on June 1st, with an eloquent address of welcome by Dr. Gaillard Thomas. The attendance of medical men from all parts of the Union was very large, and comprised most of the leading men in the United States. Canada was represented by Drs. Howard, Hingston, Osler, Dixon, Trenholme and David of Montreal, Dr. Rosebrugh of Hamilton, and Drs. Daniel Clark and G. S. Ryerson of Toronto.

Following Dr. Thomas' came the President's (Dr. Lewis A. Sayre) address, the principal points in it being recommendations to adopt the metric system, and to establish a journal similar to the British Medical. A paper advocating the classification of Medicines as Disease and Symptom Medicines, by Dr. Wm. Thompson of New York, gave rise to a good deal of discussion, in which Dr. Bartholow of Philadelphia and Dr. Mary Putnam-Jacobi took prominent part. The feeling was in general inimical to so empirical a classification. Dr. Briggs, Chairman of the Surgical section, read a paper of great practical value on "The Trephine in Injuries of the Head." He has operated a large number of times, and his success, when compared with that of other operators, has been very marked. Dr. George M. Beard of New York read a capital paper on "Phymosis as a cause of Nervous Symptoms," and enumerated dread of society, muscular twitchings, flushings, cardiac oppression, etc., as among those successfully relieved by operation.

Dr. Marion Sims of New York read the histories of four cases of Dr. Battey's operation (spaying) for epileptoid affections. All four recovered from the operation, and three were relieved of their nervous disorder. Dr. Pallen of New York followed with a paper on the same subject, founded on three cases. Two died of peritonitis, the other made a perfect recovery. An interesting paper was read by Dr. R. W. Taylor of New York on the use of Chrysophanic Acid in the treatment of skin diseases. He stated that the acid was useful in chronic or subacute skin affections with superficial skin infiltration and in certain scaly affections. The strength of the ointment should be grs. x. ad. ʒj. ung. simp. Its dangers were staining and irritation. It had no antipruritic qualities. Tapping the Pericardial Sac, was the title of a paper by Dr. J. B. Roberts of Philadelphia. He stated that the operation in large serous effusions gave brilliant results. Cases are known, however, in which serous effusion was diagnosed and paracentesis performed in which death resulted from puncturing the right auricle. Dr. Atkinson of Philadelphia read the report of the Metric Committee. It was followed by a good deal of discussion in which the metricals had the best of it. Hydrobromic ether was lauded by Dr. Lawrence Turnbull of Philadelphia. He attributed the deaths which had occurred during its inhalation to disease of the kidneys and shock.

Dr. A. Hewson of Philadelphia read a paper on the Treatment of Fibroids of the Uterus by dry earth. He had used the treatment for more than twelve years, and was well satisfied with the results

in spite of the ridicule thrown on it. He believed its action was a chemical one.

A case of still-birth was reported by Dr. Robert Battey of Rome, Ga., in which the child was resuscitated after two hours and five minutes.

Receptions were held by the New York profession in the Academy of Music, by the Academy of Medicine, Mayor Cooper, and other prominent citizens. Wm. Wood & Co. gave a special excursion around New York Bay, and the Pharmacal Society a special entertainment at Booth's Theatre, all of which seemed to be much enjoyed by the members and their friends. The Canadians present at the meeting were entertained at lunch by Dr. Howard of Montreal at the Windsor Hotel.

Drs. C. N. Brush, Buffalo, N.Y.; J. R. Leaming, N. Y. City; D. H. Goodwillie, N. Y. City; William Brodie, Detroit; W. B. Ulrich, Pittsburg, Pa., were appointed delegates to the Canadian Medical Association.

The Association adjourned on June 4th, to meet in Richmond, Va., on the first Tuesday in May, 1881, Dr. John A. Hodgen, of St. Louis, being the President-elect.

ONTARIO MEDICAL COUNCIL MATRICULATION.

We are not at all desirous of finding fault with the present curriculum of subjects laid down, or the system of conducting the matriculation examination of the Ontario Medical Council, but we beg leave to suggest what in our opinion would be a very great improvement. We refer to the substitution of the High School intermediate examination, with such modification in regard to details as would make it a more satisfactory, less troublesome and expensive examination, than the matriculation as at present conducted. There would in this way be a saving of expense to the Council, and at the same time the securing of a higher and more uniform standard of matriculation examination. The intermediate examinations are held in the month of July in every High School in the Province, and comprise the following subjects, viz.: Arithmetic, Algebra, Euclid (books 1 and 2,) English grammar, Composition and Dictation, History, Geography and English literature; also one of the following optional subjects, Latin, French, German, or Natural philosophy Chemistry and Book-keeping. The only changes required would be to make Latin compulsory, and add Greek to the optional subjects. The minister of Education is empowered by the School Act to arrange any required details for candidates for medical registration, if the Council is prepared to adopt the suggestion. The fee for registration of entrants to the College of Physicians and Surgeons might still remain as at present, viz., $10 each, so that the exchecquer of the Council would sustain no loss by the arrangement, but on the contrary a gain, by reason of the discontinuance of the present poorly paid matriculation examiners. We understand that Queen's, Victoria, Albert, and some other Universities largely accept the High School intermediate examination as junior matriculation in arts, and as by the Council's regulations (page 11), matriculates in arts in any University in her Majesty's dominions are not required to pass the matriculation examination, but may register their names on payment of ten dollars, we have no doubt many will in future avail themselves of this method of registration. The matter above referred to, is worthy of the serious attention of the new Council, and if carried out we believe it will be not only a benefit to the profession, but also in the interest of higher education in this Province.

PHILADELPHIA BOGUS DIPLOMAS.

Philadelphia has for many years borne the unenviable reputation of being the head-quarters of bogus colleges, and bogus diplomas, the latter being disposed of to any purchaser able to pay the price demanded. These institutions were regularly chartered by the Legislature, and one of them adopted a name so similar to that of the University of Pensylvania, that many persons supposed they were purchasing titles and degrees from this ancient and venerable University. This, of course, naturally enough gave great annoyance to the University authorities, and an effort was made several years ago to uproot the bogus institutions. In 1873 a committee of the then Legislature, after due investigation, reported unfavorably to the house in respect to the institutions in question, and subsequently the Legislature annulled the charters of two of them viz.: the Philadelphia University of Medicine and Surgery, and the Eclectic

Medical College. An appeal to the Supreme Court, however, resulted in a reversal of the action of the Legislature on the ground of unconstitutionality, and these institutions continued their nefarious traffic more vigorously than before.

Some time in March last a reporter of "The Philadelphia Record" entered upon a scheme to entrap the wily dean of the "Philadelphia Universito" into convicting himself and his associates in the midst of their work, and his laudable efforts were crowned with success. He pretended to enter the college as a student, paid his money and obtained a diploma which entitled him to commence practice forthwith. He also obtained diplomas for his friends—all of them signed by the "Dean," Dr. Buchanan, and his associates. The reporter then laid an information against the college. The "Dean" was arrested and held in bond for ten thousand dollars, and the whole affair was published in the "Record" of the following day. He was subsequently re-arrested upon a criminal charge for using the United States mails for improper purposes, and is likely to spend his declining years in the penitentiary. Three of his "fellow professors" were ministers of the gospel in charge of congregations. Two of them have been expelled by the outraged churches to which they belonged, and the third suspended. While it is matter for congratulation that this foul blot on the escutcheon of medicine in the United States has been removed, it is on the other hand a sad commentary on the status of medicine among our friends, that men are to be found eager enough to purshase the bogus merchandize offered by Buchanan and his associates.

OFFICIAL MISREPRESENTATION.

At a meeting of the medical profession in Hamilton, in May last, Dr. McDonald, the President of the Ontario Medical Council, is reported to have publicly stated "that a great part of the opposition to the re-election of some members of the Council emanated secretly from the Dean of Trinity Medical College and the editor of the LANCET, who, while apparently wishing to lessen the influence of the schools by advocating increased territorial representation in the Council, were seeking to extend their own influence publicly and privately by securing the return of members favorable to themselves."—(Hamilton *Times*, May 20th.)

We have been requested on behalf of the Dean of Trinity Medical College, to give this statement the most emphatic contradiction, and on our own behalf also, we utterly repudiate any such idea, and are very much surprised at the utter recklessness of the President of the Council in publicly making such wild and unwarranted statements. It is not only absolutely without foundation in fact, but is also a direct and gratuitous insult to the intelligence of the profession in Ontario.

The members of the profession in Ontario, whenever they have spoken upon the subject, have been almost unanimously in favor of increased territorial representation, and we have been but the exponents of that important and necessary reform. It would indeed be strange if we, in common with nine-tenths of the profession, were not in sympathy with the opposition to the return of gentlemen who have for years set aside the well-understood wishes of the profession, and who have been endeavoring to advance their own ideas and interests, and those of their friends in the Council, without regard to the voice of the profession as expressed in the columns of the LANCET and other journals. We have no private interests to subserve. The policy we have advocated, and the action we have taken, have not been with the unworthy motives which have been so wrongly and unjustly imputed to us, but for the general good, and we have the proud satisfaction of knowing that our principles have been endorsed by almost the entire profession in Ontario. It behooves gentlemen to be very careful in their public utterances, and not to make random statements in the absence of the parties they refer to, which would otherwise have met with instant refutation.

OFFICERS OF THE ONTARIO MEDICAL COUNCIL.

In another column will be found a letter in reference to the Treasurership of the Medical Council, which is the reflex of professional sentiment on this subject from all parts of the country. We do not, therefore, deem it necessary to say anything further regarding this matter than to express a hope that the new Council will take the earliest opportunity to rectify the abuse referred to.

With reference to the Registrar, Dr. Pyne, we have found him a most efficient and obliging officer, always ready and willing to give any information in his power. His son, Dr. R. A. Pyne, who has been his assistant, is also eminently qualified for the position—methodical, painstaking, and thoroughly trustworthy. The office of Registrar is a most important and onerous one, and requires experience to discharge the duties satisfactorily, and, so far as the present incumbent or incumbents are concerned, we have heard no complaints. The duties in reference to the examinations, and also the recent elections, have been performed with the utmost satisfaction.

THE NEW COUNCIL.—The following are the names of the members of the newly elected Council of the College of Physicians and Surgeons of Ontario :—

Territorial representatives.— Dr. J. L. Bray, Western and St. Clair Division ; Dr. E. G. Edwards, Malahide and Tecumseh ; Dr. R. Douglass, Saugeen and Brock ; Dr. J. A. Williams, Gore and Thames ; Dr. W. McCargow, Erie and Niagara ; Dr. J. D. McDonald, Burlington and Home ; Dr. J. H. Burns, Midland and York ; Dr. W. Allison, King's and Queen's ; Dr. H. C. Burritt, Newcastle and Trent ; Dr. C. A. Irwin, Quinte and Cataraqui ; Dr. W. Mostyn, Bathurst and Rideau ; Dr. D. Bergin, St. Lawrence and Eastern.

College and University representatives.—Dr. J. McCammon, Queen's College ; Dr. W. H. Ellis, Toronto University ; Dr. W. B. Geikie, Trinity Medical College ; Dr. D. Phelan, Regiopolis College (Kingston) ; Dr. E. Spragge, Trinity University ; Hon. Dr. W. H. Brouse, Victoria University ; Dr. J. A. Grant, Ottawa University ; Dr. W. T. Aikins, Toronto School of Medicine ; Dr. M. Lavell, Royal College of Physicians and Surgeons, Kingston.

Homœopathic representatives.—Dr. G. Logan, Ottawa : Dr. G. Henderson, Strathroy ; Dr. R. J. P. Mordon, London ; Dr. E. Vernon, Hamilton ; Dr. G. E. Husband, Hamilton.

The first meeting of the newly elected Council will take place in the College buildings Toronto, on Tuesday, the 13th of July, at 2 p.m.

ANOTHER DEATH FROM CHLOROFORM.—A case of sudden death from the inhalation of chloroform recently occurred in the City Hospital, Hamilton, Ont. The patient, Catharine Donahue, had been taken from the House of Refuge after her *accouchement* to the City Hospital for the treatment of an abscess of the breast.

The medical gentlemen who had undertaken the case gave evidence that the patient had only taken a few inspirations of the chloroform when she became insensible, and all endeavour to resuscitate her were in vain. Drs. McDonald and Kittson, who made the *post mortem* examination, gave evidence that all the organs in the body were in a healthy state, and death was produced by chloroform administered. Dr. Mills, of the City Hospital, also gave evidence in the case in accordance with the above facts. The jury returned the following verdict :—"That Catharine Donahue came to her death on the 3rd day of June, 1880, from chloroform administered in the Hamilton City Hospital, and it appears to this jury that the chloroform was administered in a proper manner, and her death could not have been foreseen, and no blame can be attached to any one."

THE CANADIAN MEDICAL ASSOCIATION.—The thirteenth annual meeting of the Canadian Medical Association will be held in Ottawa on the first Wednesday of September, 1880, under the Presidency of Dr. R. P. Howard of Montreal. As far as we can ascertain, the approaching meeting promises to be one of the most interesting yet held. We trust that our medical friends in all parts of the Dominion will turn out in full force and make it a grand success. Dr. David, of Montreal, Que., is the General Secretary. For the names of the local secretaries, members of the various committees, &c., see *Canada Lancet* for October, 1879.

PROLONGED GESTATION.—A seduction case was tried at the late Elgin Assizes before Chief Justice Wilson, in which a large number of medical witnesses were examined. It was alleged by Plaintiff that eleven months and a half had elapsed between "insemination" and delivery, and that in the interval the mother had had no connection with any other party and that defendant was the father of the child. Drs. Wilson, D. McLarty, Van Buskirk, Gustin, Tweedale and R .W. B. Smith of St. Thomas, and McLay of Woodstock, gave testi-

mony to the fact that the period of gestation had never in their experience been as alleged in the the case, and that such a period was highly improbable. Dr. Southwick of St. Thomas, related a case in which delivery was delayed nearly twelve months, and Dr. Lumley of Glencoe, stated that in his practice he had known a case in which gestation was prolonged to about eleven months. The latter was a case of *placenta prævia*. The trial excited no little interest in medical circles, but the jury without any delay gave a verdict for the defendant, thus refusing to believe the story told by the mother of the child.

THE HEIGHT OF MEANNESS.—A fact has recently come to our knowledge which for downright meanness, has, we venture to say, no parallel outside the very lowest grades of society. A medical man who shall be nameless at present, subscribes for a medical journal (the *Lancet* or any other journal), but puts off payment for a year or two on some pretext or other. He receives it regularly, reads it and exchanges it with a medical friend for some other medical journal, which he reads also; but when the final day for payment comes he repudiates the debt entirely. He has thus, through a most contemptible dodge received the full benefit of two or possibly more journals, for one, two or three years as the case may be. We are determined if we again find a clear case of this kind, to publish the name of the offender in such a way that he will become conspicuously known to the entire publishing fraternity, and also to his professional brethren in Canada.

THE PORRO OPERATION.—This operation, which consists in the removal of the uterus and ovaries, in cases in which the Cæsarian operation is required has been recently performed by M. Lucas Championnière. He has operated four times within two months, with successful results to the mothers in two cases, and four living children. All the mothers had rachitic pelves, with a conjugate diameter of about 2⅓ inches. After the removal of the child and placenta, the uterus was drawn forwards with a pair of forceps, and two pins passed through the inferior segment; beneath an iron wire, and between the two a second wire, which were drawn firmly. The uterus and ovaries were then removed and the pedicle brought to the lower angle of the abdominal wound, and there retained until the 9th to the 13th day, when the ligatures were removed and the pedicle returned to the abdomen.

LIME-FRUIT JUICE.—This is a substance which is in such large demand during the summer months, that it becomes a very important matter to be certain of a good sample. We desire in this connection to refer to the Montserrat lime-fruit juice, introduced by Messrs. H. Sugden Evans & Co. of Montreal, who are the sole consignees. It is a very pure brand, fresh, and wholly free from adulteration. Lime-juice is one of the most effectual substances for disguising the taste of quinine, and has been most sucessfully combined with it in the form of a palatable "Quinine Cordial," a most elegant pharmaceutical preparation, manufactured by the above named firm. Each wine-glassful contains 1 grain of quinine. Those who have an aversion to quinine in the ordinary form, will be found to take this form readily. Unlike some forms of quinine cordial it contains no alcohol, and is also on that account to be preferred in most cases.

LACTOPEPTINE.— The attention of the profession is called to the improvements recently made in the manufacture of this valuable remedy. After a long series of experiments, it has been rendered entirely free from any unpleasant odor or taste, and the color is much improved. Its digestive power has also been considerably increased. Its superiority over pepsin as a digestive agent is everywhere acknowledged, and is rapidly superseding it. From extended experience in the use of lactopeptine, we unhesitatingly recommend it as a most valuable remedial agent in certain forms of dyspepsia, vomiting of pregnancy, and especially in cholera infantum. Physicians in prescribing should be careful to designate it, as there are counterfeits in the market under such names as lactopeptin, lactopeptyn, etc., which are wholly inert.

CORRECTIONS.—In the list of candidates who passed the final examination of the Ontario Medical Council, appears the name of A. N. DesRosnier. It should have been A. N. DesRosiers.

Dr. Beard of Woodstock writes to say that he did not announce himself as a candidate for the representation of the Gore and Thames Division

in the Medical Council, and also that at the meeting of the Oxford Medical Association, he declined to be so nominated.

"ATLAS," in the *London World*, says:—I understand that during her stay abroad, the Queen was almost a constant sufferer from the violent headaches to which for a long time she has been occasionally subject, and that the present state of her health and spirits is by no means satisfactory.

MEDICAL.—Two or three very good openings for enterprising medical men, are advertised in this issue. Any letters of inquiry received through this office will, as usual, be promptly attended to. The advertisers, will give full particulars.

REMOVALS.—Dr. Crooker, of Hamilton, Ont., has removed to Milwaukee, Mich., U. S., where he intends practising his profession. We wish him every success in his new field of labor.

Dr. Mewburn, of Drummondville, Ont., has recently removed to Toronto. We cordially welcome him to our city.

APPOINTMENTS.—Dr. Chas. Sheard, M.R.C.S., Eng., has been appointed Pathologist to the Toronto General Hospital.

Dr. G. S. Ryerson has been appointed surgeon to the Mercer Eye and Ear Infirmary, Toronto General Hospital.

DR. J. FRASER, Demonstrator of Anatomy Trinity Medical College, has been appointed Physician, and Dr. W. B. Geikie, Consulting Physician to the Toronto General Hospital.

CORONERS.—Thos. J. McCort, M.B., of Bruce Mines, has been appointed Associate Coroner for the District of Algoma.

C. W. Clark, M.D., of Aylmer, Ont., has been appointed an Associate Coroner for the County of Elgin.

BRITISH QUALIFICATIONS.—W. B. Paulin, M.D., of Halifax, N.S., has obtained the double qualification of L.R.C.P. and S. Edin.

Reports of Societies.

NEWCASTLE AND TRENT MEDICAL ASSOCIATION.

The 5th regular meeting of this Association was held at Brighton on the 2nd ult.; members present: Dr. H. C. Burritt,—President; Drs. Thorburn, Willoughby, Douglas, Dean, McDonald, Clark (Napanee) Halliday, Ruttan, Mallory, Richards, Day (Trenton), Boyce, Fife. The minutes of the last meeting were read and approved, and on motion, Dr. Day, of Trenton, was elected a member of the Association.

The meeting then resolved itself into a committee of the whole to discuss the tariff, which after full discussion and the introduction of a few amendments was ordered to be submitted to the Ontario Medical Council for ratification. The afternoon session was occupied with the discussion of Ovariotomy and Antiseptic Treatment by Dr. Ruttan, of Napanee. Dr. Mallory gave a description of antiseptic treatment as practiced in London and Edinburgh.

Dr. McDonald who was to have read a paper on "Gunshot Wounds," had not been able to complete it, but promised it for the next meering. Drs. Willoughby and Thorburn gave the history of a case of reduction of dislocation of the shoulder of over three months standing. The resisting bands were divided subcutaneously and the head of the humerus returned to its place. The patient did well.

The subject before the meeting for general discussion was "Phthisis," introduced by Dr. Willoughby, but as the time was limited the remarks of those who took part in this discussion were necessarily brief.

It was moved by Dr. Ruttan, seconded by Dr. McDonald,—That an increased representation of the territorial representatives in the Medical Council is in the opinion of this Association, both just and proper, and that such increased representation would contribute largely to the interest of the medical profession in Ontario. Carried.

The meeting adjourned to meet in Peterboro, on the first Wednesday in October.

NEW BRUNSWICK MEDICAL SOCIETY.

The annual meeting of the New Brunswick Medical Society was held on Wednesday evening, June 2nd. The following officers were appointed for the ensuing year:—President, Dr. Wm. Bayard; 1st Vice-President, Dr. Thomas Walker; 2nd Vice-President, Dr. Geo. Taylor (Hampton); Treasurer, Dr. P. R. Inches; Recording Secretary, Dr. Sidney Taylor, Corresponding Secretary, Dr. G. W. Daniel.

Books and Pamphlets.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1880. I. The Venereal Diseases, including Stricture of the Male Urethra; by E. L. Keyes, M.D., of Bellevue. II. A Handbook of Physical Diagnosis, comprising the Throat, Thorax, and Abdomen; by Dr. Paul Guttman, University of Berlin. III. and IV. A Treatise on Foreign Bodies in Surgical Practice; by Alfred Poulet, M.D., of the Military School of Val-de-Grace. Toronto: Willing & Williamson.

We have received the first four volumes of Wood's Library of Standard Medical Authors for 1880, as named above, and we are pleased to see that in the quality of the paper, clearness of typography, and artistic superiority of the plates, it is a marked improvement on preceding issues.

A reviewer is somewhat embarrassed in recommending any particular treatise as the *opus magnum*, each work having its peculiar recommendation. A short time ago we noticed in this journal the fourth edition of Bumstead, revised, enlarged and in great part re-written by the author and Dr. Taylor, in which the tissues of the human frame, formerly supposed to be exempt from the ravages of syphilis, but now known to be the seat of its frequent manifestation, are exhaustively discussed. Dr. Keyes' work exhibits a careful survey of the progress of this branch of surgical knowledge, as also of Stricture of the Male Urethra, within the last few years. It is written in an elegant and scholarlike style, and the illustrations are numerous and well executed. We recommend this work to our readers as a substantial addition to our stock of works on this subject.

As to the scientific merits of Dr. Guttman's work, we need hardly say more than that in descriptive minutiæ, and German comprehensiveness, it will be found fully up to the reader's most sanguine anticipations. The author has treated very amply of affections of the skin, the organs of respiration, circulation, digestion and elimination; and in the description of the pathological conditions of these structures he has given abundant proofs of his own personal observances, and his extensive medical erudition.

In regard to Surgeon-Major Poulet's work, he has been the first to collect in two volumes all the material scattered in works of surgery and periodicals, concerning this question of foreign bodies, and to him great merit is due for the painstaking manner in which the task of compiling not only the successful but also the fatal cases, recorded by the thousand, has been performed. The busy practitioner, little disposed to waste his time in the perusal of speculative and theoretical matter, is always solicitous to find in the work to which he refers a statement of the most interesting practical circumstances separated from all hypothetical disquisitions. This object has been ably performed in the work before us. Part 1 treats of foreign bodies in general; Part 2 of foreign bodies of the intestinal tract, pharynx œsophagus, stomach, intestines and rectum; Part 3 foreign bodies of the air passages; Part 4 foreign bodies of the genito-urinary organs; Part 5 foreign bodies of the ear; Part 6 foreign bodies in the nasal fossæ; Part 7 foreign bodies in glaudular canals, e. g., Steno's, Wharton's and lachrymal ducts. We have great pleasure in calling the attention of the profession to these volumes of the second series of Woods' Library, which will be found replete with useful information. The illustrations are numerous and well executed.

NEW LIGATURE.—The latest form of animal ligature introduced into surgery is made from the tendons of Kangaroo tails.

Births, Marriages and Deaths.

At Aultsville, on the 13th June, the wife of E. D. Ault, M.D., of a son.

On the 15th June, Thomas Gray, Esq., M.D., of Brigus, Newfoundland, to Elizabeth, second daughter of the Rev. J. B. Taylor, of Lucknow.

On the 23rd June, A. McDiarmid, M.D., of Florence, to Miss Emma L. Brett, daughter of Jas. Brett, Esq., and sister of Dr. R. G. Brett, of Arkona.

At Newcastle, Ont., on the 14th ult., of paralysis, William Nicholson Rose, M.D., aged 66 years.

At Comber, Ont., on the 13th ult., of accidental poisoning, Wm. John Gracey, M.D., aged 37 years.

In Kentville, N.S., on the 11th of May, Dr. J. Struthers, aged 38 years.

On the 26th of May, Dr. Herriman, of Port Hope, aged 84 years.

THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

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Original Communications.

VENTRAL EXTRA-UTERINE PREGNANCY.

BY ABRAHAM FRANCIS, M.R.C.S.ENG., DELAWARE, O.

Mrs. P., æt. 25; bilious temperament; married seven years; had two miscarriages before October, 1876, when she was delivered of a healthy child, natural labor; had one miscarriage since; subject to dyspepsia and leucorrhœa, otherwise healthy.

Oct. 12, 1879.—She had an attack of peritonitis and colicky pains, but by the employment of antiphlogistic remedies, principally fomentations and anodynes, she got better in a few days. Catamenia regular to the present. About this time the abdomen commenced to enlarge in the right inguinal region From this time she had good health, excepting slight pains occasionally, and did not have occasion to consult me again until April 9, 1880, when a return of pain of great violence took place, with tenderness of the abdomen and constipation. I bled from the arm, gave cathartics, chloral, morphia, and other remedies. In a few days the inflammatory symptoms subsided and the pain nearly left, but tenderness continued. From this period she gradually gained in strength and appetite, was able to be up and walk about the house, and her bowels assumed a healthy state. The death of the fœtus took place about the 17th, which, according to Mrs. P.'s reckoning, was at the ninth month. She felt no movement of the fœtus after this date; the secretion in the breasts disappeared; the abdomen diminished in size and the child fell to the lowest side as she turned in bed.

No particular change took place in her condition until May 24th, when pains came on like labor which continued regular, but not strong, for about twenty-four hours. They returned again on the 29th and continued for about twenty-four hours. On the 24th the os externum was sufficiently dilated to admit my finger as far as the os internum; the cervix was about 1½ inches in length; from this date until the 30th dilatation went on gradually, when I was able to pass two fingers into the uterus. I found it empty and about 2½ inches in depth; slight hæmorrhage had been going on steadily all the week from the uterus. Rigors commenced on the evening of the 28th and continued until the following morning, followed by fever and perspiration. On the 30th, Dr. Lindsay, of Strathroy, was called in consultation. During the night vomiting and diarrhœa set in, which much reduced her, and not being able to take much nourishment she sank and died on the 6th of June. The position of the child could be readily made out from external examination of the abdomen before death.

Autopsy, twenty-four hours after death.—The peritoneum was very dark colored; omentum easily broken down upon pressure; abdomen contained a quantity of dark grumous fluid; adhesions in many parts—all the appearances of inflammation of long standing. The placenta lay across the pelvis just above the brim, having upon its under surface the bladder and uterus, and upon its upper the fœtus. The right edge was firmly attached to the fimbriæ of the Fallopian tube and broad ligaments of the right side for about 2½ inches. This was the only attachment to the mother. It had a nodulated appearance, thick compared to its width, being 2 or 2½ inches thick and 5 inches in diameter, weighed about 2½ pounds, and was of a firmer texture than usual. The fœtus lay diagonally across, the head to the left and rather the lowest, and back to the front of the mother. It was enveloped in a thin transparent membrane containing a nearly colorless fluid, through which the hair of the head, left ear, back and right hand could be seen as it lay *in situ*. It looked like a fœtus of nine months. The cuticle was separated only upon the abdomen and a few other parts; the bones of the head and face were quite loose. It was a well developed male, weighing about 7 pounds. The cord was about 2 feet long. The uterus was healthy and lay in the hollow of the sacrum; os dilated to the extent of about 2 inches; internal membrane rather congested.

The following are some of the points in the case worthy of particular attention:—1st. The regular return of the catamenia for the first three months. 2nd. The occurrence of inflammation in the early

stage of pregnancy and its continuance more or less throughout. 3rd. The abdomen commencing to enlarge in the right inguinal region. 4th. The readiness with which the fœtus could be felt through the parieties of the abdomen, and its tendency to fall to the lowest side. 5th. The death of the fœtus at the ninth month, the subsequent disappearance of the milk in the breasts, and diminution in the size of the abdomen from the same date. 6th. The state of os and cervix uteri in last stage of pregnancy, and the occurrence of hæmorrhage from the 24th of May to the 29th, much resembling the catamenia.

DOUBLE OVARIOTOMY AND AMPUTATION OF THE UTERUS.

BY MR. J. KNOWSLEY THORNTON, M.B., C.M., ETC., SAMARITAN FREE HOSPITAL.

(Reported for the CANADA LANCET by Allen M. Baines, M.B., L.R.C.P. Lond.).

Case.—S. W., æt. 38, an unmarried woman; occupation—a cook. Appearance fairly healthy; has to some extent the general coloring of face peculiar to those suffering from uterine complaints.

Inspection.—The abdomen is occupied by a hard' round, mobile tumor, which can be moved freely from side to side, and rolls over when the patient shifts from side to side in bed. It is held below in the pelvis, and is evidently closely connected with the uterus. The os and cervix are outside the vulva, and irreducible. Immediately in front and behind the prolapsed portion, fibroid nodules can be felt, those behind pressing down the recto-uterine pouch to the verge of the anus. Menstruation regular. Urine scanty and painful in passing; at one time she had complete retention. The sound passed 2½ inches in the normal direction.

Operation.—The operation, as usual, was strictly antiseptic in detail—Mr. Merideth assistant—Mr. Doran anæsthetist, the perchloride of methylene being used. A 4-inch incision in the median line exposed the tumor; there was no ascitic fluid in the abdominal cavity. On the passage of the hand into the cavity a large hard mass connected with, and being an outgrowth from the uterus was felt, at the anterior part and right side—the uterus being below, large and fibroid, about the size of a cocoa-nut and regularly enlarged. The pedicle was large, being about 2½ inches in diameter, connecting the fibroid outgrowth with the uterus, and very vascular, so that the clamp or suture might have been used equally well. After a great deal of trouble, owing to the very strong adhesions posteriorly, the tumor was drawn out, and the clamp applied, but as this held the parts awkwardly, it was transfixed and ligated in two portions, with strong silk, divided, and the peritoneal edges sutured with continuous sutures of fine silk.

On examining the ovaries it was found that both were fibroid in character, being enlarged and vascular; they were brought into view by raising the uterus. Unfortunately, in so doing, the posterior adhesions binding down the uterus were broken down and troublesome hæmorrhage set up. This was controlled for a time with sutures, but was found to have re established itself so much that the actual cautery was necessary to check it. The base of the right ovary was now clamped, close to the uterus, transfixed, ligated and divided, a third ligature being used to ensure safety. The left ovary was then treated in the same way. In the tightening of the clamp the diminution in volume and frequency of the pulse was marked, showing that slight shock was experienced. Very serious hæmorrhage was now found to be going on from a split in the uterine tissue between the uterus and stump of the left ovary, caused by the clamp tearing this tissue, it having to be placed in close proximity to the body of the uterus owing to the very short pedicle. This was stopped, for a time, by sewing around the bleeding points, with a fine needle and silk, in the bag-mouth method. The sutures were now put in for the closing of the abdomen, Mr. Thornton not having intended to remove the uterus at all. However, it was found that oozing was still going on from this same part—the stump of the left ovary. The actual cautery was applied, hæmorrhage stopped, the uterus again replaced, and the stitches again put in, only however to find that the cautery had not done its work perfectly. Again the stitches were taken out and the cautery more thoroughly applied, but it was found to be totally unable to check the bleeding. Mr. Thornton now decided on amputating the uterus. A strong whipcord was placed around the middle of the uterus and tightened, over this the largest size clamp was applied and the uterus re-

moved above it. In tightening the clamp around this very thick fleshy mass, the lowering in volume and rapidity of the pulse was very marked. There was some hæmorrhage just below the site of the clamp, this was however pretty thoroughly checked by the cautery. A good deal of sponging was done and but very little blood left in the abdominal cavity. The stump was transfixed outside the wound, and thoroughly tanned with perchloride of iron. No drainage tube was used. The bladder was emptied by the catheter, and the vagina thoroughly cleansed. Small pledgets of cotton gauze were stuffed in between the clamp and the wound, and the usual antiseptic dressings applied. The operation was commenced at 9.30 a.m., and finished at 12.15 p.m. The woman had lost a great deal of blood during the operation; her lips were blue, extremities cold and pupils widely dilated; pulse 68; temp. 98°8′. She never had a bad symptom after; her temperature did not go above 100° 8′. The clamp was removed on the 16th day after the operation and she was discharged on the 46th day, looking and feeling very well.

ELECTRO-THERAPEUTIC APPARATUS.

BY A. M. ROSEBRUGH, M.D., SURGEON TO THE TORONTO EYE AND EAR DISPENSARY.

(Read before the Toronto Medical Society, June 17, 1880).

(Continued from page 330).

II. Faradic Batteries.—When a wire is stretched between two telegraph poles, the wire being near to, without touching the telegraph wires, and the two ends brought down and attached to the two poles of a bell telephone, a click is heard in the telephone whenever the current in a contiguous telegraph wire is interrupted, and this click is heard both at the closing and at the opening of the telegraph circuit, the latter being indeed the louder of the two. This clicking is the result of induction, an induced current being generated by the interruptions of the galvanic current of the parallel telegraph wire. Whenever, therefore, two closed circuits are brought in close proximity, and an electrical current generated in one, an induced current is developed in the other. The one is called the primary and the other the secondary circuit, and the electrical current in the primary circuit is called the primary current and the current in the secondary circuit is called the secondary or induced current. The secondary or induced current was discovered by Faraday, hence the secondary current apparatus is called the Faradic battery. In the Faradic battery there is a core of soft iron, around which are coiled two layers of thick insulated copper wire, forming the primary coil and which are connected with the wires of the battery cell and forming together the primary circuit. In this primary circuit is inserted an automatic circuit interrupter. The secondary coil consists of eight or ten layers of very fine silk-covered copper wire, coiled around the primary coil and the two ends attached to screw posts, forming the poles of the secondary circuit. Whenever the current in the primary coil is interrupted a secondary current is induced in the secondary coil, and this secondary is strengthened by the presence of the soft iron core. The secondary current has high tension. It will readily pass through many hundred miles of telegraph wire, through eight or ten persons when their hands are joined, or through a large wash-bowl of cold water.

There are two forms of the Faradic battery, the separate coil and the continuous coil machines. In the separate coil machine the primary and secondary coils are separate and independent. In the continuous coil machine the primary and secondary coils are connected. In the simplest form of the continuous coil machine there is a primary coil composed of short and thick wire (two layers of No. 18 cotton-covered wire), an outer coil composed of long and fine wire (eight or ten layers of No. 33 silk-covered wire), and an intermediate coil composed of medium-sized wire (two layers of No. 24 silk-covered wire), and which, by means of a switch, may be made to form part of the primary coil at pleasure. When the switch is so placed that the primary current passes through the short primary wire only, the induced current is strong, the resistance of the circuit being less than the internal resistance of the battery cell; but when turned so as to include the intermediate coil, the current is weak, the resistance of the circuit being greater than that of the battery cell. The induced current may be used from the intermediate coil alone, from the secondary coil alone, or from the two combined. The wire of the primary coil may also be included in the secondary circuit if desired.

In the better class of these Faradic batteries the secondary coil is subdivided into two or more coils, so as to be able to furnish a greater variety, both of quality and strength, of current. In the separate coil machines the primary coil is not in any way connected with the secondary coil, and it is not usually subdivided. The secondary may, or may not be. In the small Gaifé battery, which is a separate coil machine, neither the primary nor the secondary are subdivided.

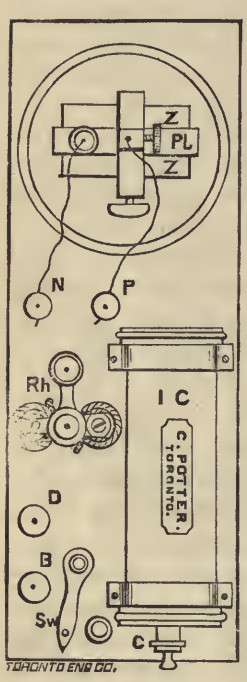

Fig. 2.

Diagram of Potter's No. 1 separate coil Faradic machine. *Z. Z.* Zinc plates. *Pl.* Platinum plate of Smee's cell. *P. N.* Screw posts for primary wire. *I. C.* Induction coil. (In the drawing, these letters have, by mistake, been reversed). *C.* Soft iron core (movable). *Rh.* Vibrating rheotome. *Sw.* Switch for tapping induction coil. *B. D.* Poles of the induction coil. By means of the switch the secondary current from the whole or a part of the induction coil may be used at pleasure.

Methods of modifying the current.—1. In the No. 1 Faradic battery the soft iron core is movable, and the strength of the current may be gradually diminished by withdrawing the core. In the No. 2 battery a soft iron sheath covers the induction coil and diminishes the strength of the induced current by diverting the induction to itself. The strength of the current is increased by withdrawing the sheath, and diminished by replacing it. 2. The strength of the current is modified by the strength of the acid solution. When strong currents are required the acid should be added in the proportion of 1:12 instead of 1:20. 3. When large moist sponge electrodes are used, the strength of the current is modified by the degree of pressure on one or both electrodes. 4. The strength of the current is also modified by being passed through the arms and body of the operator.

Direction of the current.—When a pole changer is used, the direction of the current is changed by reversing the switch. It may also be changed by reversing the position of the electrodes on the body, or by reversing the connections of the wires at the A. B. C. D. posts. The positive pole is the least irritating and is usually applied to the most sensitive parts. In general faradization, for instance, the negative pole is applied to the feet, or to the coccyx, and the positive to the head, neck, upper part of the spine, etc.

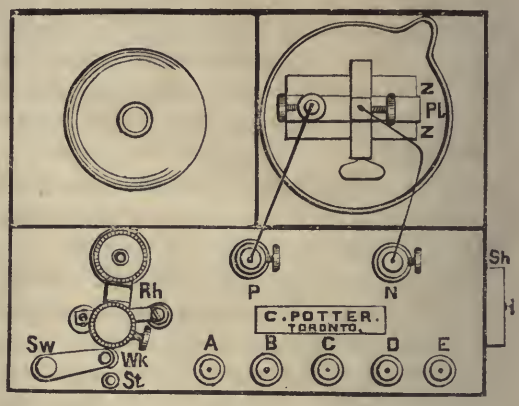

Fig. 3.

Diagram of continuous coil machine (No. 2 Faradic machine). *Z Z. Pl.* Zinc and platinum plates of Smee's cell. *P. N.* Poles of primary wire. *Rh.* Vibrating rheotome. *Sw.* Switch for tapping primary and intermediate coils. *A. B. C. D. E.* Posts for tapping continuous coil. *Sh.* Soft iron sheath for covering induction coil.

To prepare the Faradic battery for use.—If a Grenet cell is used, the zinc plate is simply lowered into the acid solution and the battery is ready for use. When Smee's (open) cell is used, the cell is filled nearly two-thirds full with the acid solution and the platinum plate is connected with the P. (positive) screw post and the zinc plate with the N. (negative) screw post. In using the battery for the first time, or in using a fresh solution, the acid mixture should be prepared an hour or two before it is required and should be quite cold. The solution for Smee's cell is composed of sulphuric acid one part and water twenty parts. The solution for the zinc carbon cell is composed of sulphuric acid one part, bichromate of potash one part and water ten parts. In the Smee's cell, a teaspoonful of quicksilver is put in the bottom of the cell, care being taken to keep it from coming in contact with the middle platinum plate. The zinc plates will be kept amalgamated by resting in the mercury. If the rheotome does not commence vibrating as soon as the battery is connected, the vibrator should be started with the point of the finger. It is sometimes necessary to re-adjust the screw which regulates the distance between the vibrator and the platinum point on the end of the screw.

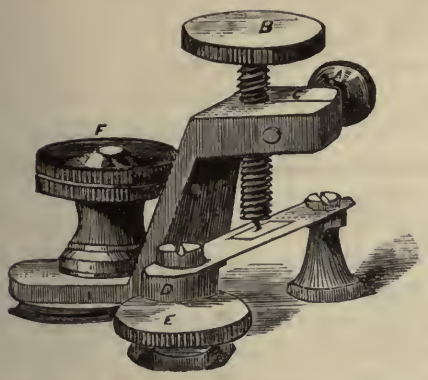

FIG. 4.

Vibrating automatic rheotome. *A*. Clamping screw. *B*. Adjusting screw. *C*. Clamp for holding adjusting screw. *D*. Soft iron hammer attached to free end of vibrator. *E*. Soft iron screwhead attached to end of soft iron core of induction coil. *F*. Screw for attaching clamp.

When the correct distance is obtained, the screw should be secured in position by tightening the clamping screw. The point of the screw should not press against the vibrator, but should touch it very lightly. It should be kept very nearly in the centre of the small platinum attached to the centre of the vibrator. The wire connections of the battery should all be screwed down firmly and care taken that no rust, dirt, or wire-covering be allowed to prevent good metallic connection, and this care is specially called for after the battery has been in use for several months or years. When the zinc plate is connected with N. and the platinum with P., the positive pole of the induction coils is at E. and the negative at A. After the battery has been in use for a few weeks the acid solution becomes weakened and saturated with sulphate of zinc; when this occurs it becomes necessary either to add more acid or make a fresh solution. When not in use, the zinc plates should be removed from the solution. In the zinc carbon cell the zinc is suspended by means of a jointed rod, which is simply elevated when the battery is not in use. When the Smee's (open) cell is used the acid, after use, should be removed from the box and thus prevent the metallic parts of the apparatus from becoming corroded from evaporation of the solution. It is well to have a separate cup or cell for holding the plates when removed from the solution, and the quicksilver may be kept in this extra cell instead of in the solution. When the zinc plates lose the amalgam, the surface becomes rough, local action is set up, and the current is weakened. Many plates are destroyed by using the acid solution too strong. There should be no escape of hydrogen gas, except when the circuit is closed.

Suggestions in using the Faradic current.—In applying the Faradic current to the head and other sensitive parts, the hand of the operator is the best electrode, the current passing through his body. The sponge electrodes should be large and well wetted, a bowl of warm water having been supplied for the purpose. We will suppose that we are about to faradize the internal recti muscles for insufficiency. If it is a continuous coil machine that is to be used, the sheath (Sh.) is pushed in, and, at first, only a weak current used, viz., from the B. C. posts and with the switch (Sw.) turned to the weak intermediate coil post (Wk.). The battery having been put in operation, the patient is seated and takes the negative electrode in the hands, the connecting wire of which is attached to the B. post. The other electrode, which should be a wet sponge, rests on the table and is connected with the C. or positive post. The hands having been dipped in warm water, either the finger or thumb of one hand is pressed against the inner side of the eyeball, and after remaining in that position for a short time, for the purpose of reassuring the patient and preventing a shock, the other hand is extended to the sponge electrode on the table. The sponge should be pressed very gently and the pressure increased very gradually, while the effect of the current on the patient is carefully observed. If the current is well borne, its strength is gradually increased by gradually withdrawing the sheath. The sheath is replaced and the negative electrode is next connected with the D post, and so on. At the first sitting, I would not extend the *séance* beyond five minutes, and in this case I would alternate the application between the two eyes. One electrode is always placed in contact with the sensitive part before the secondary circuit is closed, and the circuit should always be closed gradually through a sponge or similar electrode. In general faradization and in other cases requiring strong currents, the switch is turned to the strong primary coil and the entire coil from A. to E. is used. These currents are, however, too strong to be passed through the arms of the operator.

III. ELECTRO-PHYSICS.—In works devoted to electro-therapeutics, there are certain elementary principles in electro-physics referred to, and a

number of technical terms used which it may be fitting to refer to before bringing this article to a close.

Electro motive force is the strength of a single cell or battery. One cell may have an electro-motive force of one "volt," another of two "volts," and so on. If one cell has an electro-motive force of two "volts," 60 similar cells, connected in series, would have an electro-motive force of 120 "volts."

Tension is capacity to overcome "resistance." The larger the number of cells in a battery (connected in a series) the greater the tension of the galvanic current and the greater the power to overcome resistance. The Faradic or secondary current has always high tension.

Resistance.—The wire or other conductor connecting the two outer poles of a galvanic battery offers a certain amount of resistance to the passage of the current. This is called the external resistance of the battery. If the two poles of a battery are connected by a short thick wire the resistance is "low," and the battery soon becomes exhausted. But if the two poles are connected by a coil of long and fine wire, the external resistance is "high," and the battery is not so soon exhausted. A column of water is sometimes used for "high resistance." The dry skin has high resistance and hence should be well wetted before the electrization of parts beneath. The resistance of the body through the arms, the hands being well moistened, is equal to about 500 miles of ordinary telegraph wire. This is equal to 10,000 of Ohm's units—the Ohm unit being equal to $\frac{1}{10}$th of a mile of ordinary telegraph wire. Hence, in medical electrization, on account of this high resistance, a tension battery is used. The Faradic current has high tension and will pass readily through comparatively dry skin.

Voltaic alternatives.—When it is desired to make the strongest possible impression upon a paralyzed muscle, by the galvanic battery, "voltaic alternatives" are used, that is, the direction of the current is more or less rapidly changed by means of the pole changer.

Quantity is electro-motive force without tension. For magnetizing the thick inner coil of the primary wire of the battery, the resistance of which is less than two Ohms, and for heating the platinum wire of the galvano-cautery battery, the resistance of which is less than 20 Ohms, quantity and not tension is required. In the former case, a single Smee's or Walker's cell is used, and in the latter case two, four, or six large zinc carbon plates are used.

In electrolysis, two methods are adopted. 1. Inserting two needles in the tumor, one being connected with the positive and the other with the negative pole of a galvanic battery. 2. Inserting one, two, or more needles in the tumor and all connected to one pole of the battery, the other pole being connected with a sponge electrode, which may be held in the hand of the patient or placed on the integument in the vicinity of the tumor. In either case there is high external resistance to the battery, and a tension battery is required. In electrolysis the object is not to cauterize, but to cause chemical decomposition. The portable galvanic battery, with moderately large cells, is the best for this operation, and from 10 to 20 cells are usually used.

The solution for amalgamating zinc plates, referred to, but omitted, on page 330, is made as follows:—Mix one pound of nitric acid with two pounds of hydrochloric acid and add mercury eight ounces. When the mercury is dissolved, add two pounds more of hydrochloric acid. Immerse the zincs for one or two seconds only and plunge immediately in water or an alkaline solution, and rub with a brush or cloth.

Correspondence.

HAMILTON MEDICAL MEN AND THEIR COUNTRY CONFRERES.

To the Editor of the CANADA LANCET.

SIR,—In the July number of your valuable journal, Dr. Freeman animadverts on the action of Dr. Woolverton as returning officer in the recent medical election. I am not a little surprised that Dr. Freeman, with his extended knowledge of the Hamilton gentry, places himself in their hands to be thus snubbed. Dr. Freeman should have known that as soon as a Hamilton medico finds a bone, no matter how bare, true to the instincts of the animal he growls and shows his teeth. If any other state of things were to subsist for even a month, we outsiders would think the Millenium had surely put in an appearance. Poor Hamilton! it is doctored to death, and with a few exceptions, between the doctor and the disease, they manage to mutually empty, the one the pockets, the other the blood-vessels, and when poor nature at last asserts her wonted status, the doctor retires amid regrets and casts around him half hopelessly for another victim. Thus is our noble profession

degraded by the ignoble acts of those who crowd into cities already overcrowded, and who are forced to contemptible practices to gain even a wretched living. But if these city parasites were content to prey upon one another, the country practitioner might be willing to leave them to themselves; but alas! they rush into the country and go six or seven miles for $1.50, minus 10c. to 14c. toll, and all for the sake of "poor suffering humanity." Living, as these fine city gentlemen do, under the benign eyes of our respected President, one would hardly expect to find some of them frequently in the country soliciting practice, yet such is the fact. They ask for practice and especially cases of midwifery, as if they were green peas or red herrings on a huckster's stall in the market, not forgetting to set forth the desirability of having a "thoroughly reliable practitioner"; *homo multarum literarum.* Permit me to suggest that the meetings of the Medical Council be held in Hamilton, and that the profession be treated to a lecture, or a series of lectures, on the desirability of each city practitioner (or perhaps some of the lesser lights) visiting all localities in the rural districts immediately around the city and drumming up patients, and impressing on said ruralists the desirability of supporting, in no niggard manner, men who are adding lustre and dignity to our profession. Go in, city brethren!—*res est sacra miser.* We in the country are but small fry; the atmosphere we breathe is less conducive to clear-headedness; treat us with contempt; make domiciliary visits on the sly to our patients; if we have an interesting case try and steal it, no matter how despicable the means; offer to lower the fees; attend midwifery for four dollars if you can get the case, and in a short time what a glowing fire of contempt will be fanned into existence in the public mind anent the once honorable profession. A word to "Clericus"; if you will just carefully scan the announcement of the Medical Council of Ontario, you will find ample room for your pen. Let poor Rose alone!—*Aquila non capit muscas.* If murdering the Queen's English would hang a man, a rope would soon be needed for every member of the late Medical Council; if you strike, do not do it half-hearted.

Yours truly,

COUNTRY PRACTITIONER.

July 4th, 1880.

To the Editor of the CANADA LANCET.

SIR,—With reference to your editorial in this month's issue on the "Duties of Returning Officers in the Medical Council Elections," and also on the "inconceivable blunders" of the President of the Council, permit me a few sentences.

The course of the latter official, in the matter adverted to by you, was determined by the result of an enquiry, in consultation with the Registrar, into the modes which had been observed in previous elections. It appeared that no provision had been made for scrutineers, as I believe there is made in the instance of Toronto University cited by you, and that no custom justified the employment of them, in the elections of the Medical Council. The matter seemed left to the discretion of the Returning Officers, and messages to that effect were to be sent to enquirers by the Registrar.

You say, on the authority of Dr. Freeman, that "the President refused his consent to the admission of a scrutineer." To this I would reply, that I did not suppose that I had any power either to give or to withhold consent. I merely declined to go with Dr. Freeman to the house of the Returning Officer, during the opening of the papers, giving to Dr. Freeman, as a reason for my declining, that I had already sent an opinion sustaining a Returning Officer elsewhere, in the exercise of his discretion, and that therefore it would be unbecoming in me to interfere with the officer here, where my own interests were involved.

At Dr. Freeman's request, telephoned to me by the Returning Officer, I went to be present with Dr. F. when the result of the count of votes could be declared. I would not have gone at all except in compliance with Dr. Freeman's wish. Dr. Freeman, in his letter to you, says that he was surprised to see me coming. I can only say in return, that I was surprised to see him going. When approaching the house I perceived Dr. Freeman driving from the door. The hour was that which he had himself appointed, and yet he makes a vile insinuation as to the object of my coming at that time—"What assistance was rendered to the Returning Officer on that occasion he knows not." He might have been there to see, or his friend might have been there. If it had been the Doctor's intention to afford a colour for his insinuation, his course could hardly have been better taken.

You say again, that the President telegraphed to several quarters his "emphatic decision" as to secrecy of voting. I have an opinion as to the apparent provision made for secret voting in these elections, and there are not a few who share with me in that opinion, who are neither "foolish" nor "injurious," but I did not suppose myself to be giving a decision, emphatic or otherwise, on the matter. I telegraphed a reply, not to several parties, but to one party, and my reply was intended to show that the Returning Officer, to whom the despatch of the gentleman referred, was doing what he had a right to do. One Returning Officer, and only one, asked me for directions, and him I referred to the Registrar. All, no doubt, understood that the President had nothing whatever to do with the management of the elections.

Permit me a word regarding your observations headed "Official Misrepresentation." At the meeting previous to the election, held in Hamilton, Dr. Freeman was present, and produced and read several papers which related to a case in which the Dean of Trinity Medical College feels a strong personal interest, and on which I am not in accord with him. Those papers were no doubt obtained by Dr. Freeman through the agency of the Dean. In return I had something to say about them, and the object of their appearance in that meeting, and I do not think, nor did it seem to strike any one present, friends or enemies, that I said any thing which was not warranted by the circumstances.

I am, yours, &c.,

J. D. MACDONALD.

Hamilton, July 10th, 1880.

To the Editor of the CANADA LANCET.

SIR,—What do you think of a man, armed with a *diploma* authorizing him to treat disease, who deliberately writes the following prescription? I copy it *verbatim*, mistakes and all:

℞ Potass. Brom. ℥ ss.
Tinct. Aconiti R, ʒij.
Syr. Simp. ℥i.
Ol. Gaultheria, gtts. ij.
Acid Hydrocyan, gtts. xv.
Aqua. ad. ℥ij.

SIG—Two teaspoonfulls every (4) four hours untill the head is relieved.

The italics are mine. What is to be done with such licensed dealers in poison? I send you this note merely to show you what kind of men we are flooded with in our Province. We surely need such a law as you have in Ontario. I am much pleased with the LANCET, and will soon send you my subscription.

Yours, etc.,

MEDICUS.

N. B., June 28, 1880.

Reports of Societies.

TORONTO MEDICAL SOCIETY.

May 20th, 1880—The Society met at 8 p.m. The President, Dr. Covernton, in the chair. After the reading of the minutes, Dr. Graham presented a consulting stethoscope, with six flexible ear pieces, which might prove serviceable to facilitate the instruction of clinical classes.

Dr. White related the following case occurring in his practice. A.B. eleven years ago sustained a severe injury to the head from a fall from his horse. The injury was followed after the lapse of some time, by neuralgic pains at the seat of injury, and generally over the body. Then supervened a paralysis of the right arm, which disappeared to give place to a similar condition of the left arm. To deaden the pains he had become an habitual consumer of chloral and morphine. Dr. White saw him on Tuesday evening last. He was unconscious, breathing rapidly, pupils normal, pulse 130; he died during the night. He was supposed to have taken one ounce of chloral hydrate in the course of Monday. The treatment consisted of stimulants. The autopsy showed old lesions of meningitis as well as some of more recent origin. At the seat of injury, eleven years ago, in the temporo-parietal region, the skull was found thickened and a corresponding depression in the brain substance which was exsanguine. The stomach contained from 4 to 6 ozs. of a dark brown fluid. The cardiac end was covered by numerous submucous extravasations of blood. The other organs were healthy.

Dr. Workman wished to know if speech had been effected.

Dr. Cameron thought the heart was unusually healthy for a subject of chromic chloralism. He expressed surprise at such extensive meningeal lesions with no record of meningitis during life,

and wished to know if there was any specific history.

Dr. White replied that speech had not been affected, and that close questioning had failed to reveal a specific history.

The President, Dr. Covernton, then delivered his inaugural address, in which he gave an interesting retrospective glance at the principal changes in medical and surgical practice in the past forty-eight years.

June 3rd—The Society met at 8.15 p.m. Dr. Covernton in the chair. The minutes were then read.

Dr. C. K. Clarke communicated the details of a case of consciousness during an epileptic fit.

Dr. Workman related a case in which an attack of acute mania was produced in a woman by the passage of a probe through an obstructed nasal duct.

Dr. Cameron related a case of poisoning by coal gas, in which the pupils were contracted and the muscles so rigid that it was with great difficulty that artificial respiration could be performed.

Dr. Cameron then read a paper upon "*Tinea.*" Adopting Fox's classification, he took up eaeh variety in detail and closed a most interesting and valuable paper by drawing attention to the serious evil ot the frequency of dermatophytic affections which however are of an absolutely certain diagnosis and are eminently curable. In the discussion which followed, Dr. Adam Wright expressed his regret that the views of American dermatologists had been passed over, and that the writer had not given us the results of his personal experience. In the treatment Dr. Wright favoured a prolonged and mild course.

June 17th—The Society met at 8 p.m. The President, Dr. Covernton, in the chair.

Dr. Fulton presented a patient suffering from pseudo-hypertrophic paralysis. A. B., æt. 24; robust Canadian, with a good family history. The disease began when he was 7 or 8 years of age, and slowly progressed until at the age of 14 he had to give up farm work. He entered the Toronto General Hospital in Dec. 1878, for sciatica, went out and returned again in April, 1880. His present condition is characteristic. The shoulders thrown back, belly protruded and legs widely separated; lordosis well marked. On walking the toes are strongly turned inwards, and the body sways from side to side. The calves of the legs are hard and notably enlarged. The right deltoid is also hardened and unusually prominent. Tendon reflex is absent. The body is well nourished. The treatment consisted in the administration of the lacto-phosphates and nux vomica, and the application of electricity, under which he has considerably improved. Dr. Fulton added some remarks upon the history of the disease, and its prognosis.

Dr. Cameron drew attention to the remarkable manner in which the disease was transferred from mothers to sons.

Dr. Macdonald presented some small white worms, passed per anum by an infant four months old, and who had been entirely nursed at the breast. He also mentioned a case of a child four months old who had passed a common lumbricoid worm.

Dr. White stated that the worms presented by Dr. Macdonald had been pronounced by a capable entomologist to be the larvæ of a species of diptera, and as they were furnished with a respiratory apparatus it would be impossible for them to sojourn any length of time in the rectum.

Dr. Cameron exhibited a patient with a very curious deformity of the wrist and hand, caused by an injury.

Dr. Rosebrugh read a paper upon "Electro-Therapeutics," illustrating his remarks by apparatus, explaining the powers and mechanism of various batteries. The discussion upon this paper was deferred until the next meeting.

Mr. Authors, manufacturer of surgical appliances, Toronto, exhibited a number of artificial limbs and orthopedic apparatus, for which the thanks of the Society were tendered him.

Selected Articles.

CATARRH OF THE BLADDER.

There is a group of symptoms frequently met with in men of advancing years, to which I desire especially to call your attention. One of the first circumstances to attract notice is that the urine is more or less cloudy when passed, and that on standing it deposits some adhesive opaque matter in the bottom of the vessel. Such urine is generally neutral, or at best faintly acid; occasionally it

is alkaline, always becoming so rapidly by keeping. On interrogating the patient, you learn that the act of micturition is performed rather more frequently than natural—that he is disturbed by it two or three times in the night, and every two hours or so during the day. He may also complain of dull pains about the pelvis and back; he finds the effort to pass water rather greater than it formerly was, and the general health has of late suffered a little.

Now, it is by no means uncommon to hear this group of symptoms spoken of as indicating the presence of a "catarrh of the bladder." And catarrh of the bladder is very generally regarded as a particularly obstinate, sometimes indeed as an incurable, affection. And I am free to confess that as long as these phenomena are considered referable to a specific disease, "catarrh," so long probably will the disease prove rebellious to treatment and sometimes even incurable.

Nothing is more common than to hear, in connection with these cases, the remark gravely and significantly made, "I assure you I have on several occasions found by testing a large quantity, albumen in the patients urine." Does the observer really desire to intimate that the patient has constitutional albuminuria—*i. e.*, some form of Bright's disease? If not, his remark is simply devoid of meaning; since, as we know, there is vesical pus in the urine, we know equally that the albuminous constituent must appear on applying the test. And vesical pus in the urine certainly has no more relation to constitutional albuminuria than pus which comes from an external abscess or surrounds a common boil. Simple as all this may appear to you and me, it is quite astonishing how much confusion there is in men's minds in regard to this matter, and how much importance some attach to all albumen found in a urinary test-tube, although the source of the deposit may be easily demonstrated to be the bladder, and no other part of the organs which lie above it.

The important practical point in relation to treatment is first to ascertain the occasion of the local catarrh. In nine out of ten of these cases it consists in inability, often only to a slight extent, on the part of the patient to empty the bladder completely. The universally acknowledged cause, hypertrophy of the prostate, is, of course, the first in order of frequency. But after this are others not infrequent. Defective action may be due, first, to simple atony, the result of past habitual or occasional over-distention of the bladder with urine; secondly, to thickened or incompetent muscular parieties of the bladder after chronic inflammation, sometimes associated with old stricture; thirdly, to defective innervation seen in connection with other slight signs of impaired function in a nervous centre; the last being, of course, the most serious of all, in its nature and probable results.

In all of these, local treatment, by carefully removing all the secretion by means of a soft catheter two or three times a day, perhaps aided by gently washing out some remainder, is the chief efficient remedy. Remember that this incompetence of the bladder is always to be sought for by physical examination; no other form of evidence in relation to it, as the patient's sensation, etc., is to be accepted as trustworthy. The introduction of a soft catheter immediately after the patient has passed water by his natural efforts, is the only test, and it should be applied on two or three occasions before arriving at a definite conclusion. The casual relation between the group of symptoms enumerated at the outset, and the defective function described, is far more common than it is generally supposed to be. It is on this account, therefore, that I have asked your attention specially to the subject.—Sir Henry Thompson in *London Lancet.*

TREATMENT OF CATARRH OF THE STOMACH.

Acute Catarrh. A most essential point in the treatment is a proper regulation of the diet. The most uniformly applicable food is milk. Care must always be taken to secure milk of good quality, the urgency of the symptoms in each case being a guide both to the quantity and the frequency of administration. When there is considerable nausea and frequent vomiting, from two to three fluid ounces of milk, with one fluid ounce of lime-water, every two hours, will usually be retained without difficulty. Such a plan, supposing the feeding should be discontinued through the night (which, by the way, should always be done, unless otherwise demanded by excessive prostration, if there is a tendency to sleep), supplies about sixteen or twenty-four fluid ounces of milk per diem. This is certainly a short allowance, but, independently of the rest afforded the stomach, the fact is unquestionable that a small amount of food retained furnishes more nourishment than an infinitely larger quantity vomited directly on ingestion. If the irritability is too great for the retention of these doses, the same combination of milk and lime-water must be given in diminishing amounts at correspondingly short intervals, until the proper measure, if it be only a teaspoonful, is reached. On the contrary, when the vomiting is less obstinate, or as the patient improves, the doses and intervals should be increased, and as opportunity offers, the diet gradually extended, by the addition of farinaceous articles, broths, chicken etc., until the ordinary food is resumed. Very exceptionally, milk and lime-water cannot be retained. When this happens, it is best to abandon the milk diet altogether and substitute carefully prepared beef-tea or chicken or mutton-broth, entirely free from

at, in doses of two fluid ounces every three hours. Beef-juice is also servicable under these circumstances. I have never had occasion to use either whey or artificially-digested milk, each of which is highly recommended in obstinate vomiting. Thirst, which is often a distressing symptom, is best relieved by the moderate use of ice, the ingestion of large draughts of water tending to prolong the vomiting. Until the active symptoms have subsided, confinement to bed is necessary.

Having regulated the diet and enforced complete bodily rest, the patient is put far on the way to recovery; but still much may be done by medication to shorten the illness. At the beginning of the attack, if the bowels are obstinately confined, and particularly if the skin or conjunctivæ are at all yellow, I direct in the evening three grains of "blue mass" or five grains of calomel, to be followed in the morning by a Seidlitz powder; when the constipation is moderate, the lower bowel is simply evacuated by an enema. At the same time, bicarbonate of sodium or citrate of potassium in the form of mistura potassii citratis, or preferably the "effervescing draught" is prescribed. The bicarbonate of sodium, employed most frequently, is administered in ten-grain doses, three or four times daily, mixed with a tablespoonful of milk or compressed into a pill. The citrate of potassium is usually reserved for cases where considerable fever is associated with the sick stomach. The "effervescing draught" is much more agreeable and efficient than the "neutral mixture;" it is ordered in two solutions—one composed of two drachms of citric acid to four fluid ounces of water, the other of one drachm of bicarbonate of potassium to three fluid ounces of water; half a fluid ounce of each are put together and taken during the effervescence, the dose being repeated every two or three hours. This mixture is yet more pleasant if equal quantities of lemon-juice and water are substituted for the citric acid solution. In addition to these medicines, sinapisms or linseed poultices are applied to the epigastrium.

Chronic Catarrh. A careful regulation of the diet is almost as important in the treatment of chronic as of acute catarrh of the stomach. Where there is much irritation, a diet of milk and lime-water is to be selected, and when there are no teeth, the food should be temporarily of such a kind as to require no chewing; the final object, under both circumstances, being to enable the patient to return gradually to an ordinary plain diet. This end is accomplished when we give the stomach an opportunity to rest and recuperate, by removing the cause of irritation and diminishing its work, and also in the latter instance by supplying artificial appliances for mastication. In the usual run of cases, it is only necessary to direct a plain diet, considerably restricting the amount of starchy food, and making certain that the food used is of good quality, well cooked, and eaten in moderate quantities and slowly. No alcohol should be allowed, and injurious occupations should be modified as far as possible.

Very much may be done by medication. The treatment by alkalies is perhaps the most uniformly successful. The best alkali is bicarbonate of sodium; it may be given when there is no decided irritation of the mucous membrane, with compound infusion of gentian or with infusion of colombo or quassia, either bitter adding to the efficiency of the soda. In very chronic cases nitrate of silver may be prescribed with advantage; to produce good results it must be given when the stomach is empty. Dilute muriatic or nitro-muriatic acid, in combination with a bitter, may be used from the outset in atonic cases, but when there is an element of irritation they should not be employed until after a course of bicarbonate of sodium. For the habitual constipation, I have lately used, with very satisfactory results, the ipecacuanha pill before referred to, resorting in very obstinate cases to a pill composed of ext. belladonna, gr. 1/6, ext. gentianæ, gr. i, ext. colocynth. com., gr. ij, and ol. cari gtt. ss., administered at bedtime. The painful sensations in the epigastrium are greatly relieved by counter-irritation.— Dr. Starr in *Philadelphia Medical Times.*

ABSTRACT OF PAPERS READ AT THE AMERICAN MEDICAL ASSOCIATION,

(*Abridged from the Medical Record.*)

SPINAL EXTENSION — ITS MODES, MEANS, AND MOTIVES.

Dr. Benj. Lee, of Philadelphia read a paper on spinal extension, illustrated by numerous diagrams and accompanied by the demonstration of the author's apparatuses. Vertical, inclined, and horizontal extensions were successively discussed. Dr. Lee showed his apparatus for self-suspension, which he considered an important modification of existing appliances. Its mode of employment placed the extending force in the patient's own hands, robbed the operation of all its terrors, converting it in fact into a pleasant amusement.

The author's improved "surgical table," manufactured by Johnson, of Philadelphia, was then exhibited, and the method of its employment described. It was thought to be the most perfect piece of mechanism ever constructed for the purpose of producing horizontal extension of the spine. The entire absence of all jerk or jar in its action enabled us to make extension to a very considerable degree, almost without consciousness on the part of the patient.

The indirect or mediate object of spinal extension was always the overcoming or redressing of a

curvature, and the concomitant deformity of the trunk for a brief space of time, during which a fixed dressing could be applied, or a cast taken from which a removable jacket could be made. With the former of these plans, namely, the application of the plaster-of-Paris jacket, the name of the distinguished president of the society was associated the world over.

SECTION OF THE INFRA-ORBITAL AND INFERIOR DENTAL NERVE FOR NEURALGIA.

Dr. John T. Hodgen, of St. Louis, read a paper on section of the infra-orbital and inferior dental nerve, for neuralgia. He said that by using a hook, or an elevator, after section of the nerve, this might be drawn out of its canal and then nipped off. This was done to preclude the possibility of the re-establishment of union, which would lead to the return of neuralgia.

The details of his methods of operating were then given. The inferior dental nerve was exposed by suitable incisions, and then looped up and cut. He had operated on twelve patients, operating in all twenty-four times. Sometimes, when the infra-orbital had been cut, the neuralgia had attacked the inferior maxillary, and vice versa.

THE ETIOLOGY PATHOLOGY AND TREATMENT OF WHITE SWELLING OF JOINTS.

Dr. Pancoast, of Philadelphia, read this as the title of his paper, and then spoke on various subjects more or less associated therewith. He first showed samples of black silk for sutures, which he preferred to the ordinary white silk, because the latter commonly contained impurities from lead salts. He then described his method of operating for varicocele, in which he employed a zinc button, and exerted great force in the tying of the ligatures. Here also he used strong black silk. Forty cases of amputation at the metacarpo-phalangeal articulation were then instanced. In these he had, contrary to the method commonly in vogue, employed a volar flap. The success had invariably proved gratifying.

A case of removal of a large steel body from the antrum was next related. The patient recovered. An instrument for cutting strictures was described, and the mode of its employment shown. Deep incision was condemned as leading to a large, firm, intractable cicatrix. Twenty one cases were successfully operated on with this new instrument.

A pathological specimen was exhibited, showing the result of exsection at the shoulder-joint. A new capsule had formed six months after the operation, at which time the patient had died of alcoholism. The articular lesion was a rheumatic arthritis. Dr. Pancoast also presented a specimen illustrating successful exsection at the hip-joint. In this case, likewise, a new capsule of very perfect nature had been formed after six months. Another specimen was then demonstrated. It consisted of the femoral condyles which had been removed in a case of telescopic fracture of both inferior extremities. The cartilage had been exposed intra vitam, but it never became inflammed, macerating away gradually. He next showed a specimen of ostitis of the femur, which showed breaking-down of the bone near the femoral condyles, without involvement of the adjoining articular cartilages.

Various diagrams illustrative of knee joint lesions were exhibited. Dr. Pancoast emphasized the fact that ligaments would not stretch normally. But when altered by inflammation they readily gave way. Injected specimens of joints were passed around for inspection. These showed the absence of vascular filling in the cartilaginous portions of the articulations. Cartilage, he said, was nourished by the surrounding and adjoining tissues, not by a vascular supply. An experiment was then performed which illustrated effusion taking place into the hip-joint, and its consequent action. The great principle in the treatment of articular affections was rest, and not extension. The latter often had bad effects from irritation of the synovial membranes, which were the chief seat of disease.

In the stage of spastic muscular contraction of such cases, tenotomy and myotomy were recommended as tending to relieve the spasm. In the advanced stages exsection alone could be relied upon. Extension would only aggravate the disease in those stages, because the synovial structures would be additionally irritated by the extending force. The hot iron was recommended as the most efficient revulsive in articular affections. Rest, he said, must be enforced, and suitable antiphlogistic treatment combined with this, was far superior to any apparatus for permanent extension.

BATTEY'S OPERATION IN EPILEPTOID AFFECTIONS.

By Dr. J. Marion Sims, of New York. Battey's operation, he said, like all innovations, had had to fight its way; but he had no doubt, from the favor it had already received, both in this country and in Europe, that the time would soon arrive when it would be recognized as a legitimate operation. He had performed it eleven times; the first four cases occurring before he adopted the antiseptic method, and the last four operations being performed with full antiseptic precautions. As Listerism had rendered the operation of ovariotomy one of the safest in the whole domain of surgery, he saw no reason why it should not do the same for Battey's operation. On this occasion he desired to report the last four cases upon which he had operated. Three of these were cases of epileptoid convulsions associated with the menstrual molimen, and the other was one of hystero-epilepsy of a peculiar and unique character.

All the operations were done antiseptically and

by abdominal incision. After some general remarks on the operation, Dr. Sims described his own method of procedure as follows: "I use the simple abdominal incision, as we usually make it for ordinary ovariotomy, midway between the umbilicus and symphysis pubis. The patient lies flatly on the back, with her knees a little flexed, and an incision three inches or three and a half inches long is made between the recti muscles down nearly to the pubic bones. As soon as this is done, and before the peritoneal cavity is opened, the Sims uterine elevator is introduced into the cavity of the uterus (whether in a normal position or otherwise), and it is raised by the instrument locked at right angles, and the fundus is held firmly just above the symphysis pubis by an assistant, who holds the handle of the locked instrument immovably until the operation is completed. The peritoneum is now opened, and the fundus uteri is found in contact with the lower end of the abdominal incision. The fundus is grasped, the finger passed along the Fallopian tube on one side until the ovary is reached, at the same time that the fundus of the uterus is turned by the elevator to the opposite side from the ovary that we are reaching. With the fore and middle fingers the ovary is brought to the surface, the pedicle ligated, and the ovary removed. Then, by rotating the handle of the elevator to the opposite side, the other ovary is elevated correspondingly nearer the external incision, when the fore and middle fingers are passed along the Fallopian tube as a guide until the ovary is found and brought to the surface and treated in the same manner as the first. After we are satisfied that the peritoneal cavity is dry and cleared of all coagula and all oozing blood, we proceed to close the external incision by sutures." Great stress was laid on the importance of perfect antiseptic precautions.

ON TREPHINING,

by Dr. W. T. Briggs, of Nashville, Tenn., Chairman of the Section on Surgery and Anatomy. He directed attention to a surgical procedure, than which none was older in the history of the science or the art of medicine—*preventive trephining*. The word trephining Dr. Briggs used in a comprehensive sense, and the operation, by whatever instrument effected, was a means to an end, and that end was the removal of fragments of the skull. He then directed attention to the importance of treating injuries of the head properly, especially such as involved fracture of the skull. After making slight reference to the history of the operation, he spoke of the mutability of opinion concerning many important subjects pertaining to medical science such as blood-letting and lithotomy, and the same could be said concerning trephining; but at the present time there was a revolution in progress in favor of the procedure. The earliest authentic information concerning the instrument was found in the writings of Hippocrates, although it was known to have been performed as a religious rite in prehistoric times.

There were, according to European authorities, three classes of surgeons holding distinct views with reference to the procedure under consideration: First, Those who absolutely rejected the trephine; second, Those who, while recognizing its great value, regarded it solely as a *curative* agent; and third, and by far the smallest class, Those who accepted the instrument as a valuable prophylcatic agent, and urged early resort to it in such cases as, from the nature of the injury, seemed to demand it in order to avert threatening danger.

The position taken by Dr. Briggs was, that trephining was not a dangerous procedure if resorted to before the secondary effects of traumatism were developed, and he then considered the object to be attained by its performance. In the opinion of most authors it should be restricted to cases in which there is immediate danger from compression caused by pus, extravasated blood, or fragment of bone, and each of these conditions was then discussed somewhat in detail, and the conclusion reached that the surgeon should not wait until the characteristic symptoms of such lesions were well-marked before operating, but that the operation should be performed for the purpose of preventing the occurrence of inflammation, and the serious consequences by which it might be followed. Statistics showed that of 106 cases, two-thirds were saved by *preventive* trephining. Of the forty-two cases whom he had trephined, thirty-eight recovered. The deductions from such facts were: 1 Extensive comminuted depressed fractures of the skull were almost invariably fatal without operative measures. 2. Curative operations were but little better than the expectant plan of treatment, and 3, Preventive trephining offered the best chances for a successful operation. Dr. Briggs then discussed the question of the treatment of punctured and simple fractures of the skull, fractures of the external and of the internal table, and stated as the essentials to success 1, full antiseptic precautions; 2, the use of the conical trephine; 3 entire *removal* of all loose fragments of bone; 4, special attention for the purpose of securing perfect drainage, the open wound treatment being his favorite method.

SPHYGMOGRAMS, WITH NOTES OF AUTOPSIES.

The sphygmograph, said Dr. H. R. Hopkins, of Buffalo, had been twenty years before the public, but had not yet received any general endorsement. Even experts could not interpret its readings accurately. There, are, however, qualities in the pulse which are not preceptible to the touch, and in detecting these the sphygmograph can accomplish very much when more perfectly made and more carefully studied. The speaker then showed

some tracings which he had made. These tracings were of cases of locomotor ataxia, cardiac dropsy, endarteritis, Bright's disease, and of normal pulses. The pressure at which the tracings were taken was not given, as it was not thought necessary. The speaker believed that the tracings indicated characteristic peculiarities in the circulatory system of each disease. The tracings were taken by a modification of Pond's sphygmograph. It was asserted that a peculiar trace might be found for many chronic diseases. A description of the post mortem appearances of the several cases whose tracing was shown was given.

The rule was given to mistrust the accuracy of the instrument when it failed to give a sharp angle to the tidal wave. Several other cautions were given, but much hope of attaining valuable results held out by the careful use of a good instrument.

(To be continued.)

Antiseptic Inhalations in Phthisis.—Dr. Muller, a Berlin chemist, lays claim to the priority in the employment of antiseptic inhalations in the treatment of phthisis. He states that he recommended inhalations of borax and salicylic acid in a case of phthisis in 1876, and that his suggestion was carried into effect by Dr. Sachse, of Berlin, with remarkable success. He was led to make this suggestion by the theory, that in plumonary phthisis a portion of the lungs is in a state of decomposition, or of alkaline fermentation; and as similar processes in open wounds are controlled by antiseptics, so the inhalation of antiseptics might be expected to exert an inhibitory action on the morbid process in the lungs, and thus effect a cure. He recommended for the purpose salicylic acid, which was made easily soluble by the addition of borax. This combination is quite as powerfully antiseptic as the benzoate of soda, and is, he believes, preferable to it, because it acts more energetically on the alkaline fermentation in the lungs, and produces no deleterious effects. The solution he recommended was 750 parts water, 25 parts salicylic acid and 19½ parts borax.

Dr. Sachse, in an open letter confirms the claims of Dr. Muller, and states that he has since employed the borax-salicylic acid inhalations in a number of cases, of which he gives brief accounts, with on the whole, very satisfactory results. He uses a solution of two parts borax, 2½ parts salicylic acid, and 100 to 150 parts hot water, and orders the inhalations to be practised morning and evening for five or ten minutes, instructing the patients not only to inspire deeply, but particularly to make deep and prolonged expirations. The inhalations often caused, at first, cough and a slight burning sensation in the neck, and some of the patients complained of loss of appetite, due to swallowing a good deal of the fluid; in such cases the solution was diluted with an equal quantity of hot water until the patients became accustomed to it. The taste of the solution is bitter and very unpleasant. No hæmoptysis occurred in any of the cases after inhalations.—*Physician and Patient.*

Salicylate of Soda in Acute Rheumatism.—It is at present impossible to distinguish those cases who are likely to take *salicylate of soda* with rapidly good effects and without any unpleasant results, from those who are intolerant of it. According to Dr. S. J. Sharkey, persons in great pain, and with high fever and in whom there is not, when the treatment is commenced, any complication, are, as a rule, the most favorable cases for it. Still, slight cardiac or pulmonary complications should not preclude its use. Any one who has seen many cases of acute rheumatism treated by salicylate of soda must allow that its discovery as a cure for that disease is a triumph of empirical therapeutics, which has probably had but few parallels in the history of medicine.

Spaying.—The *Medical News* (Mich.) says, in commenting on this operation: The mention of spaying, or rather oophorectomy, the more euphonious synonym, leads us to enquire why this blessing should be confined to the women. Has not man sexual glands which lead him into difficultics, local, constitutional and social, scarcely less grievous to be borne than those which the woman suffers because of her ovaries? And yet the voice of neither Battey, nor Sims, nor Trenholme nor Pallen has a word for him. He is allowed to suffer untold miseries which the slight and dangerless operation of castration would relieve him from. Who is there that will arise and be the first to remove the human testicle and thus divide the honors with him who first removed the human ovary? Here is an opportunity for fame.

Aconite in Pneumonia.—The *Practitioner* records four cases of pneumonia which were supposed to have been cut short by means of aconite. The drug was given in minim doses of the tincture every half hour for four hours, and then in the same dose every four hours. The administration was begun on the first day, when there were crepitant rales, cough and rusty expectorations, and seemed to have an abortive effect. It is supposed to be especially indicated in the first stage of the inflammation.—*Mich. Med. News.*

Heat Apoplexv.—The following simple treatment is highly commended by Dr. Dedricksen. Have ice applied to the nape of the neck and head, and give 15 minims of liquid extract of ergot and 3 minims of tincture of aconite every hour.

ONTARIO MEDICAL COUNCIL.

Minutes and Proceedings.

FIRST DAY.

The first annual meeting of the newly elected Medical Council was held on the 13th ult., and following days, in the College Buildings, Bay St. The meeting was called to order by the Registrar, Dr. Pyne, who intimated that the first order of business would be the election of a President.

Dr. Clark moved, seconded by Dr. Edwards, that Dr. Allison be President of the Council for the ensuing year. *Carried.*

Dr. Brouse nominated Dr. Bergin as Vice-President. Dr. Grant seconded the motion, which was *carried.*

In the absence of Dr. Allison, the President, the chair was taken by the Vice-President.

COMMITTEES.

Dr. Bray moved, seconded by Dr. McCammon, "That Drs. McCargow, Spragge, Lavell, Wright, Henderson, Morden, and the mover constitute a Committee on Credentials." Carried.

Dr. Grant moved, and Dr. McCammon seconded, "That the Committee to nominate the various Standing Committees of the Council be composed of the following members :—Drs. Lavell, Henderson, Brouse, Spragge, Burns, Mostyn, Edwards, Macdonald, Bray, Burritt, Williams, Logan, McCargow, and Geikie." Carried.

After an adjournment of half an hour the Committee reported the following appointments on the various Standing Committees :—

Education.—Drs. Wright, Grant, Brouse, Clark, Logan, McCammon, Edwards, Burns, Bray, Williams, Geikie, Lavell, Burritt, Morden, and Macdonald.

Finance.—Drs. Mostyn, Irwin, Henderson, McCargow, and Douglas.

Registration.—Drs. Spragge, Vernon, Geikie, Lavell, Mostyn, and Edwards.

Rules and Regulations.—Drs. Brouse, Clark, Spragge, Wright, and Logan.

Printing.—Drs. McCammon, Morden, Burritt, and Clark.

The report was adopted with an amendment adding the name of Dr. Burns to the Committee on Finance.

The Council adjourned at 6 p.m., to meet again at 8 o'clock.

In the evening Dr. Lavell called attention to the fact that many of the members were absent, and that as absent members sometimes asked to have certain matters reconsidered at the next sitting, he suggested that some measures be adopted to prevent this waste of time. Dr. Clark coincided with his views.

Dr. H. H. Wright moved, seconded by Dr. Lavell, "That any matter once decided upon shall not be reopened during the current session, except on a vote of three-fourths of those present in its favour." Carried.

THE EXECUTIVE COMMITTEE.

Dr. Geikie moved, "That the following gentlemen constitute the Executive Committee of the Council for the ensuing year :—President and Vice-President *ex officio*, Drs. Wright, Lavell, Husband, Bray, Burns, Edwards, and the mover." He thought it highly necessary that this most important Committee should be larger and of a more representative character than had been the case in the past. This would tend to make it more popular with the profession, and there would be no difficulty in collecting the annual dues. A great deal of money would have been saved which had been expended in law suits in the past, if the Committee had been larger and had more fully represented the whole profession.

Dr. Clark thought it would be better to leave the motion in abeyance until there was a fuller attendance of the members. It was usual to appoint this Committee at a later stage of the session. He did not consider it necessary to have a large Committee, as at the best they were expensive, and he believed it to be in the interest of efficiency as well as economy that the numbers should be kept down. He claimed for the last Executive that it had performed its work well.

Dr. Burns thought that the last Committee did not fully come up to what was required or expected of it.

Dr. Lavell was in favour of leaving the matter over till the report was received from the Executive Committee. If there was an Executive Committee appointed it should be representative so far as the Schools were concerned. He thought they could do without a Committee of this kind entirely, if they performed their work carefully in Council.

After some further discussion, the motion was allowed to stand as a notice of motion to come up for consideration next-day.

MATRICULATION EXAMINATION.

Dr. Burns moved, "That on and after July 1st, 1881, in lieu of the matriculation examination heretofore in force the Council accept the Provincial intermediate High School examination, with Latin included as a compulsory subject, and that upon presentation of the official certificate of having passed the said examination to the Registrar, and the payment of fees the holder of the same shall be entitled to register as a medical student." To his mind the proposed change would have many advantages, not the least of which was that it would

be economical to the Council in saving the sums now paid to the matriculation examiners. It would be economical to the students, inasmuch as they could pass the examination in their own High Schools, or wherever they received their education. It was uniform throughout the whole Province. The Central Board of Examiners held its meetings in Toronto, and at a certain fixed time of the year, so that there would be no difficulty in that respect. It was perfectly secret, consequently perfectly free from the charge of favouritism. It was also an elevation of the standard as a comparison with the present examination would show, and it had the effect of grafting the system of elementary medical education upon the governmental system. By accepting the High School Standard it would prove a mutual assistance, as it was but reasonable to expect that if the Council endorsed the Government in this matter they would be benefited in return. No one would deny that they had a perfect right to receive assistance from the Government, and they would have a better claim to it if they endorsed the Government standard of teaching. It was a great advantage to a medical man to have an elementary college training, in fitting him for his professlon. The proposed Intermediate examination had been largely adopted by Queen's College and Victoria University. There was no doubt about its lessening the labours of the Council. It might be objected to if it opened the doors to the study of medicine to a very much larger number than it was proper to encourage to study for the profession, but such an excuse would not have any real effect in the actual working of the system.

Dr. Macdonald, in seconding the motion, believed the examination proposed would be a superior one to that now in practice. He thought it would make the approach to the profession if anything a little more difficult. He was told by High School teachers that the Government intermediate examination was a higher standard than that required for the College of Physicians and Surgeons. He moved that the subject be referred to the Education Committee. Carried.

Dr. Macdonald moved :—"That the diploma or certificate in Arts of McGill College, Montreal, and Bishop's College, Lennoxville, be accepted as a certificate of registration as a student of medicine by this College, on the payment by the possessor of the certificate of registration of matriculation fee imposed by the College." On motion the resolution was referred to the Educational Committee.

The Council then adjourned to meet at 10 o'clock next day.

SECOND DAY.

The Council met at 11 a.m., Dr. Bergin, Vice-President, in the chair. The minutes of the previous meeting were confirmed.

PETITIONS.

A large number of petitions were presented by the members, having reference to the recent examinations, changes of curriculum, and other matters, and on motion they were received and referred to their several committees.

Dr. McCargow moved "that one-half the fees be returned to students who fail to pass the examination of the college, the full fees to be paid on their application for re-examination."

Dr. Geikie moved in amendment that three-fourths of the fees be refunded.

Dr. Burns moved that two-thirds be refunded.

After some discussion the matter was referred to the Finance Committee.

Dr. Geikie moved "that the registrar be instructed to furnish the medical journals published in Toronto with a full digest of the proceedings of the Executive Committee after each meeting. He moved this to meet the reasonable demand of the profession throughout the country."

Dr. Wright moved in amendment "that the minutes of the Committee shall be open to the press to take such information as they wished." Carried.

Dr. Geikie gave notice of motion that the by-law relating to elections be modified, so far as the same refers to the duties of returning-officers, so as to direct such officers to admit candidates and their scrutineers, when the voting papers are opened, should they desire to be present.

Several other motions were allowed to stand for future discussion.

COMMITTEE ON CREDENTIALS.

Dr. Bray presented the report of the above committee, as follows :—

1. That the elected members are :—

Western and St. Clair Division — Dr. Bray. Gore and Thames—Dr. J. A. Williams. Saugeen and Brock—Dr. R. Douglas. Malahide and Tecumseth—Dr. Edwards. Erie and Niagara—Dr. McCargow. Burlington and Home—Dr. J. D. Macdonald. Kings and Queens—Dr. Allison. Midland and York—Dr. J. H. Burns. Quinte and Cataraqui—Dr. C. W. Irwin. Newcastle and Trent—Dr. H. C. Burritt. Bathurst and Rideau—Dr. Mostyn. St. Lawrence and Eastern—Dr. Bergin. Homœopathic representatives—Drs. Logan, Henderson, Morden, Vernon and Husband. *Appointed Members* : — Ottawa University—Dr. Grant. Victoria University—Dr. Brouse. Queen's University—Dr. McCammon. Trinity College—Dr. Spragge. University College—Dr. Ellis. Toronto Medical School—Dr. Wright. Trinity Medical School—Dr. Geikie. College of Physicians and Surgeons—Dr. Lavell. Albert College—Dr. Clark. Regiopolis College—Dr. Phelan.

In only two cases were protests entered. The

CANADA PRICE LIST.

McKESSON & ROBBINS'

GELATINE-COATED

PILLS

—AND—

GRANULES.

OVAL IN FORM, PERFECT IN COATING.

Process and Machinery Patented.

Sent by Mail upon Receipt of Price.

May 1st., 1880.

	Bottles 100 pills	Bottles 500 pills
ACID, SALICYLIC, See Salicylic Acid.		
ACONITIA, 1-60 gr.	75	3 50
ALOES, U. S., 4 grs.	50	2 25
ALOES AND ASSAFŒTIDA, U. S., 4 grs.	50	2 25
ALOES AND IRON, 3 grs.	50	2 25
{ Pulv. Aloes Soc., Extract Conii, *aa*, 1-2 gr. } { Ferri Sulph., Exsic., Pulv. Zingib. Jam., *aa*, 1 gr. }		
ALOES AND MASTIC (Dinner, Lady Webster's).	60	2 75
ALOES AND MYRRH, U. S.	60	2 75
ALOES AND NUX VOMICA, 2 grs.	75	3 50
{ Pulv. Aloes Soc., 1 1-2 grs. } { Ext. Nucis Vom., 1-2 gr. }		
ALOIN, 1-10 and 1-5 gr.	50	2 25
ALOIN, 1 gr.	1 50	7 25
ALTERATIVE.	75	3 50
{ Pulv. Opii, Pulv. Ipecac., *aa* 1-8 gr. } { Pil. Hydrarg., 1 gr. }		
AMMONIUM, MURIATE, 2 grs.	60	2 75
AMMONIUM, MURIATE, COMPOUND.	1 50	7 25
{ Ammonii, Murias, 1 gr. } { Pulv. Opii, Acid. Benzoici, *aa* 1-32 gr. } { Ext., Glycyrrhizæ, Pulv. Acaciæ, *aa* 1 3-4 grs. } { Camphoræ, 1-50 gr., Ol. Anisi, 1-32 m. } { Antim. et Pot. Tart., 1-60 gr. } This is the BROWN MIXTURE of the U. S. P. with the addition of 1 gr. Ammonium Murias.		
AMMONIUM, VALERIANATE, 1 gr.	1 00	4 75
ANTHELMINTIC, See Santonin and Calomel.	1 25	6 00
ANTI-BILIOUS.	75	3 50
{ Ext. Coloc. Comp., 2 1-2 grs. } { Res. Podophylli, 1-4 gr. }		
ANTI-CHILL.	1 00	4 75
{ Chinoidine, Ferri Ferrocyanidum, } { Ol. Piper. Nig., *aa*, 1 gr. } { Acid. Arseniosum, 1-20 gr. }		
ANTI-DYSPEPTIC, 4 grs.	1 00	4 75
{ Strychnia, 1-40 gr. } { Ext. Belladonnæ, Pulv. Ipecacuanhæ, *aa* 1-10 gr. } { Pil. Hydrarg., Ext. Colocy. Co., pulv., *aa* 2 grs. }		
ANTI-PERIODIC.	1 00	4 75
{ Cinchonidiæ Sulph., 1 gr. } { Ferri Sulph., Exsic., 1-2 gr. } { Res. Podophylli, Gelsemin, *aa*, 1-20 gr. } { Strychnia Sulph., 1-32 gr. } { Oleoresina Capsici, 1-10 gtt. }		
APERIENT.	1 00	4 75
{ Ext. Nucis Vom., 1-3 gr. } { Ext. Hyoscyami, 1-2 gr. } { Ext. Coloc. Comp., 2 grs. }		
APHRODISIAC,	1 85	9 00
{ Ext. Turneræ Aphrodisiacæ, 2 grs. } { Phosphorus, 1-100 gr. } { Ext. Nucis Vomicæ, 1-3 gr. }		
ARSENIOUS ACID, 1-50, 1-40, 1-30 & 1-20 gr.	50	2 25
ASSAFŒTIDA, 2 grs.	50	2 25
{ Assafœtida, 1 1-2 grs., Pulv. Saponis, 1-2 gr. }		
ASSAFŒTIDA, U. S., 4 grs.	50	2 25
{ Assafœtida, 3 grs., Pulv. Saponis, 1-2 gr. }		
ASSAFŒTIDA COMPOUND. 3 grs.	50	2 25
{ Assafœtida, 2 grs. } { Ferri Sulph. Exsic., 1 gr. }		
ASSAFŒTIDA AND NUX VOMICA.	75	3 50
{ Assafœtida 3 grs. } { Ext. Nucis Vom., 1-4 gr. }		
ATROPIA, 1-120 gr.	75	3 50
ATROPIA, 1-60 gr.	1 00	4 75
BELLADONNA EXTRACT, 1-20, 1-8, 1-4, 1-2 gr.	50	2 25
BISMUTH, SUBNITRATE, 3 grs.	1 00	4 75
BISMUTH, SUBNITRATE, 5 grs.	1 50	7 25
BLUE PILL, U. S., 1-2, 1 and 3 grs.	50	2 25
BLUE PILL, U. S., 5 grs.	60	2 75
BLUE PILL COMPOUND.	75	3 50
{ Pil. Hydrarg., 1 gr., Pulv. Opii., 1-2 gr. } { Pulv. Ipecac, 1-4 gr. }		
CAFFEIA, CITRATE, 1 gr.	3 75	17 50

	Bottles 100 pills	Bottles 500 pills
CALCIUM, SULPHIDE, 1-10, 1-4, 1-2 & 1 gr.	75	3 50
CALOMEL, 1-10, 1-2, 1, 2 and 3 grs.	50	2 25
CALOMEL. 5 grs.	60	2 75
CALOMEL COMPOUND. 2 grs.	60	2 75
{ Antim. Sulph., Hydrarg. Chlor. Mite, *aa* 1-2 gr. } { Resina Guaiaci, 1 gr. }		
CALOMEL AND OPIUM, 3 grs.	80	3 75
{ Hydrarg. Chlor. Mite, 2 grs., Opii, pulv., 1 gr }		
CAMPHOR AND HENBANE. 2 grs.	60	2 75
{ Camphoræ, 1 gr., Ext. Hyoscyami, 1 gr. }		
CAMPHOR, HENBANE and VALERIAN, 2 1-2 grs.	60	2 75
{ Camphoræ, Pulv., Ext. Hyoscyami. Alc., *aa* 1 gr. } { Ext. Valerianæ, 1-2 gr. }		
CAMPHOR, MONO-BROMATED, 2 grs.	1 25	6 00
CAMPHOR, MONO-BROMATED, 3 grs.	1 55	7 10
CAMPHOR, MONO-BROMATED, 5 grs.	1 85	9 00
CANNABIS INDICA EXTRACT, 1-2 gr.	1 25	6 00
CANNABIS INDICA EXTRACT, 1 gr.	1 75	8 50
CATHARTIC COMPOUND, U. S.	60	2 75
CATHARTIC IMPROVED.	60	2 75
{ Ext. Colocynth. Comp. pulv., 1 gr. } { Jalapæ pulv., Res. Leptand., *aa* 1-2 gr. } { Ext. Hyoscyami, Ext. Taraxici, *aa* 1-4 gr. } { Res. Podoph., 1-4 gr. Ol. Menthæ Pip. }		
CATHARTIC VEGETABLE, 3 grs.	60	2 75
{ Ext. Col. Comp., pulv., 1 1-2 grs. } { Res. Podophylli, 3-8 gr. } { Res. Leptandræ, 1-8 gr. } { Jalapæ pulv., 1-4 gr. } { Aloes, Socotrin pulv., 1-2 gr. } { Ext. Hyoscyami, 1-4 gr. } { Ol. Menthæ Pip. }		
CERIUM, OXALATE, 1 gr.	1 00	4 75
CERIUM, OXALATE, 2 grs.	1 50	7 25
CHARCOAL, WILLOW, 3 grs.	60	2 75
CHINOIDINE, 1-2 and 1 gr.	60	2 75
CHINOIDINE, 3 grs.	75	3 50
CHINOIDINE, POWDERED, PURIFIED, 1 gr.	60	2 75
CHINOIDINE, POWDERED, PURIFIED, 2 grs.	75	3 50
CHINOIDINE, POWDERED, PURIFIED, 3 grs.	1 00	4 75
CHINOIDINE, POWDERED, PURIFIED, 5 grs.	1 50	7 25
CINCHONA BARK ALKALOIDS, See Quinine List.		
CINCHONIDIA (ALKALOID), See Quinine List.		
CINCHONIA, SULPHATE, See Quinine List.		
CINCHONIDIA, SULPHATE, See Quinine List.		
COCA EXTRACT, 1 gr.	65	3 00
COCA EXTRACT, 2 grs.	95	4 50
COCA EXTRACT, 3 grs.	1 25	6 00
CODEIA, 1-16 gr.	1 75	8 50
CODEIA, 1-5 gr.	2 50	12 25
CODEIA, 1-2 gr.	3 50	17 25
COLOCYNTH COMP. EXTRACT. 3 grs.	1 00	4 75
COLOCYNTH, IPECAC AND BLUE.	1 00	4 75
{ Pil. Hydrarg., Ext. Coloc. Comp., pulv., *aa* 2 grs. } { Pulv. Ipecacuanhæ, 1-6 gr. }		
COOK'S. 3 grs.	60	2 75
{ Pulv. Rhei, Pulv. Aloes Soc., *aa*, 1 gr. } { Hydrarg., Chlor., Mite, 3-4 gr. } { Pulv. Saponis, 1-4 gr. }		
COPAIBA. 3 grs.	75	3 50
COPAIBA AND OLEO-RESIN CUBEB, 3 grs.	75	3 50
{ Pil. Copaibæ, 2 grs. } { Oleo-Resina Cubebæ, 1 gr. }		
COPAIBA AND OLEO-RESIN CUBEB, 5 grs.	1 25	6 00
{ Pil. Copaibæ, 3 grs. } { Oleo-Resina Cubebæ, 2 grs. }	50	2 25
CORROSIVE SUBLIMATE, 1-100, 1-10, 1-30 & 1-20 gr.		
CROTON OIL. 1-2 gr.	1 00	4 75
DAMIANA EXTRACT. 3 grs.	1 25	6 00
DANDELION EXTRACT, 3 grs.	60	2 75
DIGITALIA, PURE, 1-60 gr.	75	3 50
DINNER (CHAPMAN'S), 4 grs.	60	2 75
{ Pulv. Aloes Soc., Pulv. Mastiches, *aa* 1 1-2 grs. } { Pulv. Ipecacuanhæ, 1 gr., Ol. Fœniculi. }		

McKESSON & ROBBINS' GELATINE-COATED PILLS.—Price List Continued.

	Bottles 100 pills	Bottles 500 pills
DINNER (COLE'S).	60	2 75
{ Pil. Hydrarg., Pulv. Aloes Soc. *aa*, 1 1-5 grs. } { Pulv. Jalapæ, 1 1-5 grs. } { Ant. et Pot., Tart., 1-50 gr. }		
DINNER (LADY WEBSTER'S), 3 grs.	60	2 75
{ Pulv. Aloes. Soc., 1 4-5 grs. } { Pulv. Mastiches, Pulv. Rosæ Gallicæ, *aa*, 3-5 gr. }		
ELATERIUM (CLUTTERBUCK'S), 1-10 gr.	1 00	4 75
EMMENAGOGUE.	1 35	6 50
{ Ergotin, Extract. Helleb. Niger, *aa* 1 gr. } { Ferri Sulph. Exsic., Pulv. Aloes Soc., *aa* 1 gr. } { Ol. Sabinæ, 1-4 gr. }		
ERGOTIN (Each pill—30 grs. Ergot), 3 grs.	2 00	9 75
EUCALYPTUS EXTRACT, 2 grs.	95	4 50
FERRUGINOUS (BLAUD'S), 3 and 5 grs. Ferri Sulphas, Potassæ Carb., P. Æ.	1 00	4 75
FUCUS VESICULOSUS EXTRACT, 3 grs.	1 00	4 75
GELSEMIUM EXTRACT, 1 gr.	76	3 50
GONORRHŒA, 5 grs.	60	2 75
{ Cubebæ, pulv., 2 grs. } { Pil. Copaibæ, 1 gr. } { Ferri Sulph. Exsic., 1-2 gr. } { Terebinth., Venet., 1 1-2 grs. }		
GRINDELIA ROBUSTA EXTRACT, 3 grs.	1 00	4 75
GUARANA EXTRACT (PAULLINIA), 3 grs.	2 00	9 75
HENBANE EXTRACT, 1 gr.	60	2 75
HEPATIC.	1 00	4 75
{ Pil. Hydrarg., 3 grs. Ext. Bellad., 1-4 gr. } { Ext. Colocynthis Comp., 2 grs. }		
HOOPER'S, 2 1-2 grs.	50	2 25
"HOSPITAL QUININE," see Quinine list.		
HYDRASTIA (WHITE ALKALOID), 1-2 gr.	2 50	12 25
HYDRASTIA (WHITE ALKALOID), 1 gr.	4 00	19 75
HYDRASTIN and PODOPHYLLIN,	1 00	4 75
{ Hydrastin Phosphas., 1-4 gr. } { Podophyllin, 1-20 gr. }		
HYOSCYAMIA (ALKALOID), 1-50 gr.	5 00	24 75
HYOSCYAMINE (RESINOID), 1-4 gr.	1 00	4 75
HYPOPHOSPHITES, COMPOUND.	1 50	7 25
{ Calcii Hypophos., 1 gr. } { Sodii " 3-4 gr. } { Potassii " 1-2 gr. } { Ferri " 1-4 gr. }		
IODOFORM, 1 gr.	1 25	6 00
IODOFORM AND IRON, 2 grs. Iodoform, Ferri Redact., P. Æ.	1 55	7 50
IPECAC AND OPIUM (DOVER, U. S.), 2 1-2 grs.	50	2 75
IPECAC AND OPIUM (DOVER, U. S.), 5 grs.	1 00	4 75
IRON BY HYDROGEN (QUEVENNE'S), 1 gr.	50	2 25
IRON BY HYDROGEN (QUEVENNE'S), 2 & 4 grs.	75	3 50
IRON, "BLAUD'S," See Ferruginous.		
IRON, BROMIDE, 3 grs.	1 50	7 25
IRON, CITRATE & CINCHONIDIA, Quinine List.		
IRON, CITRATE AND QUININE, see Quinine List.		
IRON, CITRATE & STRYCHNINE.	75	3 50
{ Ferri Citras, 1 gr., Strychnia, 1-50 gr. }		
IRON, DIALYSED (SCALES), 2 grs.	1 50	7 25
IRON, FERROCYANIDE, 3 grs.	60	2 75
IRON, IODIDE OF (Blaeard's Form.), 1 gr.	75	3 50
IRON, LACTATE, 1 gr.	60	2 75
IRON, PHOSPHATE AND STRYCHNINE.	1 00	4 75
{ Ferri Phosphas, 2 grs. } { Strychniæ pulv., 1-60 gr. }		
IRON, PROTO-CARB. (VALLET'S), 2 and 3 grs.	50	2 25
IRON, PROTO-CARB. (VALLET'S MASS), 5 grs.	60	2 75
IRON, VALERIANATE, 1 gr.	1 25	6 00
JABORANDI EXTRACT, 3 grs.	1 50	7 25
LAXATIVE (COLE'S).	60	2 75
{ Res. Podophylli, 1-10 gr. } { Hydrarg. Chlor. Mite, 1 gr. } { Ext. Colocy. Comp. Pulv., 3 grs. }		
LEPTANDRIN, 1-4 gr.	50	2 75
LEPTANDRIN, 1-2 and 1 gr.	70	3 25
LIME, LACTO-PHOSPHATE, 5 grs.	2 00	9 75
LUPULIN, 3 grs.	50	2 25
MERCURY, BIN-IODIDE, 1-40, 1-25 & 1-16 gr.	50	2 25
MERCURY, CYANIDE, 1-20 gr.	50	2 25
MERCURY, PROTO-IODIDE, 1-5, 1-4 & 1-2 gr.	50	2 25
MORPHINE, ACETATE, 1-8 gr.	75	3 50
MORPHINE, ACETATE, 1-4 gr.	1 00	4 75
MORPHINE, MURIATE, 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-16, 1-10 & 1-8 gr.	75	3 50
MORPHINE, SULPHATE, 1-6 gr.	80	3 75
MORPHINE, SULPHATE, 1-4 gr.	1 00	4 75
MORPHINE, VALERIANATE, 1-8 gr.	1 25	6 00
NEURALGIA (BROWN-SEQUARD).	2 00	9 75
{ Ext. Hyoscyami, 2-3 gr. } { " Conii, 2-3 gr. } { " Ignatii Amaræ, 1-2 gr. } { " Opii, 1-2 gr. } { " Aconiti, 1-3 gr. } { " Cannab. Indicæ, 1-4 gr. } { " Stramonii, 1-5 gr. } { " Belladonnæ, 1-6 gr. }		
NEURALGIA, (BROWN-SEQUARD), as above, without Ext. Ignatia.	2 90	9 75
NEURALGIA (DR. GROSS); See Quinine list.		
NUX VOMICA EXTRACT, 1-4 and 1-2 gr.	50	2 25
OPIUM, U. S., 1 gr.	76	3 50
OPIUM EXTRACT, 1-4 gr.	75	3 50
OPIUM EXTRACT, 1-2 gr.	1 00	4 75
OPIUM EXTRACT, 1 gr.	1 50	7 25
OPIUM AND ACETATE OF LEAD, No. 1, 2 grs.	75	3 50
{ Opii Pulv., Plumbi Acet., *aa* 1 gr. }		
OPIUM AND ACETATE OF LEAD, No. 2. 2 grs.	60	2 75
{ Opii Pulv., 1-2 gr. Plumbi Acet., 1 1-2 grs. }		
OPIUM AND CAMPHOR. 3 grs.	75	3 50
{ Opii Pulv., 1 gr. Camphora, 2 grs. }		
OX GALL, 3 grs.	60	2 75
{ Fel Bovin. dep., 2 grs. Pulv. Zingiber, 1 gr. }		
PEPSIN, 5 grs.	1 00	4 75
PEPSIN, (PURE CONCENTRATED) 1-2 gr. Equal to 5 grs. Saccharated Pepsin.	1 00	4 75
PEPSIN AND BISMUTH, 5 grs.	1 50	7 25
{ Pepsin, grs., Bismuth Subnit., 3grs. }		

	Bottles 100 pills	Bottles 500 pills
PEPSIN, BISMUTH AND STRYCHNINE, 5 grs.	1 75	8 50
{ Pepsin, Bismuth Subnit., *aa*, 2 1-2 grs. } { Strychnia, 1-60 gr. }		
PHOSPHATES IRON, QUININE & STRYCHNINE; See Quinine list.		
PHOSPHORUS, 1-100, 1-50, 1-30, 1-20 & 1-12 gr.	1 00	4 75
PHOSPHORUS COMPOUND, No. 1.	1 25	6 00
{ Phosphorus, 1-100 gr. } { Ext. Nucis Vomicæ, 1-4 gr. }		
PHOSPHORUS COMPOUND, No. 2.		
{ Phosphorus, 1-60 gr. } { Ext. Nucis Vomicæ, 1-4 gr. }		
PHOSPHORUS COMPOUND, No. 3.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Nucis Vomicæ, 1-8 gr. }		
PHOSPHORUS COMPOUND AND IRON.	1 25	6 00
{ Phosphorus, 1-100 gr. } { Ferri Phosphas, 1-2 gr. } { Ext. Nucis Vomicæ, 1-8 gr. }	1 25	6 00
PHOSPHORUS AND QUININE COMPOUNDS; See Quinine list.		
PHOSPHORUS AND EXTRACT ACONITE.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Aconiti Alc., 1-16 gr. }		
PHOSPHORUS AND EXT. CANNABIS INDICA.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Cannab. Ind., 1-4 gr. }		
PHOSPHORUS AND IRON,	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ferruin Redactum, 2 grs. }		
PHOSPHORUS AND STRYCHNIA.	1 25	6 00
{ Phosphorus, 1-50 gr., Strychnia, 1-60 gr. }		
PHOSPHORUS, DIGITALIS & EXT. HYOSCYAMUS	1 25	6 00
{ Phosphorus, 1-50 gr. } { Pulv. Digitalis, 1 gr. } { Ext. Hyoscyami, 1 gr. }		
PHOSPHORUS, EXT. NUX VOM. & EXT. ALOES.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Nucis Vomicæ, 1-4 gr. } { Ext. Aloes Soc., 1-2 gr. }		
PHOSPHORUS, EXT. NUX VOM. & CARB. IRON.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ext. Nucis Vomicæ, 1-4 gr. } { Ferri Carb., 1 gr. }		
PHOSPHORUS, IRON AND ALOES.	1 25	6 00
{ Phosphorus, 1-50 gr. } { Ferri Sulph. Exsic., 1 1-2 grs. } { Ext. Aloes Soc., 1 gr. }		
PHOSPHORUS, MORPHIA AND VALER. ZINC.	1 75	8 50
{ Phosphorus, 1-50 gr. } { Morphiæ Sulph., 1-12 gr. } { Zinci Valerianas, 1 gr. }		
PHOSPHORUS, NUX VOMICA & CANTHARIDES.	1 25	6 50
{ Phosphorus, 1-50 gr. } { Pulv. Nucis Vomicæ, 1 gr. } { Tinct. Canthar. Conc., 1 minim. }		
PHOSPHORUS, SULPH. ZINC AND LUPULIN.	1 25	6 50
{ Phosphorus, 1-50 gr. } { Zinci Sulphas, 1 gr. } { Lupulina, 1 gr. }		
PIPERIN COMPOUND.	75	3 50
{ Piperin, 1-4 gr. } { Hydr. Chlor. Mite., 1-4 gr. }		
PLUMMER'S (see Calomel Compound).	60	2 75
PODOPHYLLIN, 1-20, 1-8 and 1-4 gr.	50	2 25
PODOPHYLLIN, 1-2 and 1 gr.	60	2 75
PODOPHYLLIN AND BLUE.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Pil. Hydrarg., 2 1-2 grs. }		
PODOPHYLLIN AND LEPTANDRIN.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Leptandrin, 1 gr. }		
PODOPHYLLIN, CAPSICUM AND BELLADONNA.	1 00	4 75
{ Podophyllin, 1-4 gr. } { Ext. Bellad. Alc., 1-8 gr. } { Pulv., Capsici, 1-2 gr. }		
PODOPHYLLIN, COLOC., HENBANE & CALOMEL.	1 00	4 75
{ Res. Podophylli, 1-4 gr. } { Ext. Col Comp. Pulv., 1 gr. } { Ext. Hyoscyami, 1-4 gr. } { Hydrarg. Chlor. Mite, 1 gr. }		
PODOPHYLLIN COMPOUND.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Ext. Hyoscyami, 1-8 gr. } { Ext. Nucis Vomicæ, 1-16 gr. }		
PODOPHYLLIN COMPOUND (ECLECTIC).	1 00	4 75
{ Podophyllin, 1-8 gr. } { Leptandrin, Juglandin, *aa*, 1-16 gr. } { Macrotin, 1-32 gr., Ol. Capsici. }		
PODOPHYLLIN, EXT. COLOC. & BELLADONNA.	1 00	4 75
{ Podophyllin, 1-2 gr. } { Ext. Coloc. Comp., 2 grs. } { Ext. Bellad., 1-4 gr. }		
POKE ROOT COMPOUND.	1 00	4 75
{ Ext. Phytolaccæ, Alc., 2 grs. } { Ext. Stillingiæ, " 1 gr. } { Ext. Stramonii, " 1-8 gr. }		
POTASSIUM, BROMIDE, 2 grs.	1 00	4 75
POTASSIUM, BROMIDE, 5 grs.	1 50	7 25
QUINIDIA SULPHATE, See Quinine List.		
QUININE, BI-SULPHATE, SULPHATE AND COMPOUNDS OF QUININE, see Quinine list.		
QUININE, CARBOLATE, see Quinine List.		
QUININE, SALICYLATE, see Quinine List.		
QUININE, SULPHO-CARBOLATE, see Quinine List.		
QUININE, VALERIANATE, see Quinine List.		
RHEUMATIC.	1 25	6 00
{ Ext. Coloc. Comp., 1 1-2 grs. } { Ext. Colch. Acet., 1 gr. } { Ext. Hyoscyami, 1-3 gr. } { Hydr. Chlor. Mite, 1-3 gr. }		
RHUBARB, U. S.	75	3 50
RHUBARB COMPOUND, U. S.	75	3 50
RHUBARB COMPOUND AND CALOMEL.	75	3 50
{ Pil. Rhei. Comp., 1 1-2 grs. } { Hydrarg. Chlor. Mite, 1 gr. }		
SALICIN. 2 1-2 grs.	1 25	6 00

McKESSON & ROBBINS' GELATINE-COATED PILLS.—PRICE LIST CONTINUED.

	Bottles 100 Pills	Bottles 500 Pills
SALICIN, 5 grs.	2 00	9 75
SALICYLIC ACID, 2 1-2 grs.	75	3 50
SALICYLIC ACID, 5 grs.	1 25	6 00
SALICYLIC ACID WITH MORPHINE. (Acid. Salicylicum, 2 1-2 grs. ; Morphiæ Sulphas, 1-12 gr.)	1 25	6 00
SALICYLIC ACID WITH MORPHINE. (Acid. Salicylicum, 5 grs. ; Morphiæ Sulphas, 1-8 gr.)	2 00	9 75
SANDAL WOOD EXTRACT (Mck. & R.), 1 gr.	2 00	9 75
SANDAL WOOD EXTRACT " 2 grs.	3 00	14 75
SANTONIN, 1 gr.	1 00	4 75
SANTONIN AND CALOMEL. (Santonin, Hydrarg. Chlor. Mite, aa. 1-2 gr. ; Theobroma Cacao.)	1 25	6 00
SQUILL COMPOUND, U. S.	60	2 75
STRYCHNINE, 1-100, 1-60, 1-40 & 1-30 gr.	50	2 25
STRYCHNINE COMPOUND. (Strychnia, 1-100 gr. ; Phosphorus, 1-100 gr. ; Ext. Cannab. Indic., 1-16 gr. ; Ginseng, 1 gr. ; Ferri Carb., 1 gr.)	1 00	4 75
SULPHUR IODIDE, 1-25 and 1-10 gr.	50	2 25
SUMBUL EXTRACT, 1 gr.	3 00	14 75
SYPHILITIC (RICORD'S, MODIFIED). (Hydr. Iodidum Vir. 1-2 gr. ; Lactucarium, 1-2 gr. ; Ext. Opii, 1-10 gr. ; Ext. Cicutæ, 1 1-2 grs.)	1 50	7 25
TARTAR EMETIC. 1-100, 1-20 and 1-4 gr.	50	2 25
TONIC (DR. AIKEN'S). See Quinine List.		
TRIPLEX. (Ext. Aloes, 2 grs. Pil. Hydrarg., 1 gr. ; Podophyllin, 1-4 gr.)	1 00	4 75
TRIPLEX (DR. FRANCIS). (Pulv. Aloes Soc. Pil. Hydrarg. ; Pulv. Scammonii. Ol. Tiglii. ; Pulv. Myrrhæ. Ol. Carui.)	1 00	4 75
VALERIAN EXTRACT, 3 grs.	1 00	4 75
ZINC, OXIDE, 1-2 gr.	60	2 75
ZINC, PHOSPHIDE, 1-6 and 1-4 gr.	75	3 50
ZINC, PHOSPHIDE, 1-2 gr.	1 00	4 75
ZINC, PHOSPHIDE & EXT. NUX VOMICA. (Zinci Phosphidum, 1-10 gr. ; Ext. Nucis Vomicæ, 1-4 gr.)	1 00	4 75
ZINC, VALERIANATE, 1 gr.	95	4 50

Our Pills are procurable from all respectable Druggists, or sent by mail direct from New York, in Boxes of 100 and 500, upon receipt of list price, whenever it is impossible to obtain McKesson & Robbins' at your Druggists'.

Private formulas of 3,000, or over, made and coated to order.

	Bottles 100 pills	Bottles 500 pills
CINCHONA BARK ALKALOIDS. (Quinidiæ Sulph., 1-2 gr. ; Cinchoniæ Sulph., 1-2 gr. ; Cinchonidiæ Sulph., 1-2 gr.)	1 90	9 25
CINCHONIA, SULPHATE, 3 grs.	95	4 50
CINCHONIA, SULPHATE, 5 grs.	1 35	6 50
CINCHONIDIA (ALKALOID), 1 gr.	95	4 50
CINCHONIDIA (ALKALOID), 2 grs.	1 55	7 50
CINCHONIDIA (ALKALOID), 3 grs.	2 05	10 00
CINCHONIDIA, SULPHATE, 1 gr.	80	3 75
CINCHONIDIA, SULPHATE, 2 grs.	1 35	6 50
CINCHONIDIA, SULPHATE, 3 grs.	2 00	9 75
CINCHONIDIA, SULPHATE, 4 grs.	2 50	12 25
CINCHONIDIA, SULPHATE, 5 grs.	3 00	14 75
"HOSPITAL QUININE," 1-4 gr.	75	3 50
"HOSPITAL QUININE," 1-2 gr.	80	3 75
"HOSPITAL QUININE," 1 gr.	1 25	6 00
"HOSPITAL QUININE," 1 1-2 grs.	1 95	9 50
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	5 00	24 75
"HOSPITAL QUININE," 5 grs.	6 25	31 00
The unbleached, crystallized, combined alkaloids of Cinchona bark, (Cinchonia alone separated) containing fifty per cent. pure Quinia Sulph.		
IRON & CINCHONIDIA, CITRATE, 2 grs.	75	3 50
IRON & CINCHONIDIA, CITRATE, 3 grs.	1 10	5 25
IRON & QUININE, CITRATE, 1 gr.	95	4 50
IRON & QUININE, CITRATE, 2 grs.	1 35	6 50
IRON & QUININE, CITRATE, 3 grs.	1 90	9 25
IRON, QUININE AND STRYCHNINE. (Ferrum Redactum, 1 gr. ; Quiniæ Sulphas, 1 gr. ; Strychnia, 1-60 gr.)	1 90	9 25
NEURALGIA, (DR. GROSS'). (Quiniæ Sulphas, 2 grs. ; Morphiæ Sulphas, 1-20 gr. ; Strychnia, 1-20 gr. ; Acid. Arsenosum, 1-20 gr. ; Ext. Aconiti, 1-2 gr.)	3 75	18 50
NEURALGIA (GROSS), as above, without Morphine	3 50	17 25
PHOSPHATES IRON, QUININE & STRYCHNINE. (Ferri Phosphas, 2 grs. ; Quiniæ Phosphas, 1 gr. ; Strychniæ Phosphas, 1-60 gr.)	1 90	9 25
PHOSPHORUS AND QUININE. (Phosphorus, 1-50 gr. ; Quiniæ Sulph., 1 gr.)	2 25	11 00
PHOSPHORUS, IRON AND QUININE. (Phosphorus, 1-100 gr. ; Ferri Carb. (Vallet's), 1 gr. ; Quiniæ Sulph., 1 gr.)	2 50	12 25
PHOSPHORUS, IRON, QUININE & NUX VOM. (Phosphorus, 1-100 gr. ; Ferri Carb. (Vallet's), 1 gr. ; Quiniæ Sulph., 1 gr. ; Ext. Nucis Vomicæ, 1-2 gr.)	2 50	12 25
PHOSPHORUS, QUININA, IRON AND STRYCHNIA. (Phosphorus, 1-100 gr. Ferri Redact., 1 gr. ; Quiniæ Sulph., 1 gr. Strychnia, 1-60 gr.)	2 50	12 25
QUINIDIA, SULPHATE, 1 gr.	1 00	4 75
QUINIDIA, SULPHATE, 2 grs.	1 90	9 25
QUINIDIA, SULPHATE, 3 grs.	2 50	12 25
QUININE, BI-SULPHATE, same sizes and prices as Sulphate, see below.		
QUININE BROMIDE, 1 gr.	3 15	15 50
QUININE BROMIDE, 2 grs.	4 50	22 25
QUININE BROMIDE, 3 grs.	6 25	31 00
QUININE, CARBOLATE, 1 gr.	3 15	15 50
QUININE, SALICYLATE, 1 gr.	3 15	15 50
QUININE, SULPHATE, 1-4 gr.	85	4 00
QUININE, SULPHATE, 1-2 gr.	1 05	5 00
QUININE, SULPHATE, 1 gr.	1 80	8 75
QUININE, SULPHATE, 1 1-2 grs.	2 80	13 75
QUININE, SULPHATE, 2 grs.	3 45	17 00
QUININE, SULPHATE, 3 grs.	5 15	25 50
QUININE, SULPHATE, 4 grs.	6 90	34 25
QUININE, SULPHATE, 5 grs.	8 60	42 75
QUININE, SULPHO-CARBOLATE, 1 gr.	3 15	15 50
QUININE, SULPHO-CARBOLATE, 2 grs.	3 75	18 50
QUININE, SULPHO-CARBOLATE, 3 grs.	6 50	32 25
QUININE, SULPHO-CARBOLATE, 5 grs.	10 25	51 00
QUININE, VALERIANATE, 1-2 gr.	1 90	9 25
QUININE AND ALOES, 1 gr. (Quiniæ Sulphas, 3-4 gr. ; Pulv. Aloes Soc., 1-4 gr.)	1 60	7 75
QUININE AND ARSENIC, (Quiniæ Sulphas, 1 gr. ; Acid. Arseniosum, 1-30 gr.)	1 90	9 25
QUININE AND CAPSICUM. (Quiniæ Sulph., 1 gr. ; Pulv. Capsici., 1-4 gr.)	1 90	9 25
QUININE AND IRON BY HYDROGEN. (Quiniæ Sulphas, 1 gr. ; Ferrum Redactum, 1 gr.)	1 90	9 25
QUININE AND IRON, CARBONATE. [Quiniæ Sulphas, 1 gr. Ferri Subcarb., 2 grs.]	1 90	9 25
QUININE AND IRON, IODIDE. (Quiniæ Sulph., 1-2 gr. ; Ferri Iodidum, 1 gr.)	1 35	6 50
QUININE AND STRYCHNINE. (Quiniæ Sulphas., 1 gr. ; Strychnia, 1-60 gr.)	1 90	9 25
QUININE, ARSENIC AND NUX VOMICA. (Quiniæ Sulphas, 1 gr. ; Acid. Arsenosum, 1-60 gr. ; Ext. Nucis Vomicæ, 1-4 gr.)	1 90	9 25
QUININE COMPOUND. (Quiniæ Sulphas., 1 gr. ; Ferrum Redact., 1 gr. ; Acid. Arseniosum, 1-32 gr.)	1 90	9 25
QUININE COMPOUND AND EXT. DANDELION. (Quiniæ Bi-Sulph., 1 1-4 grs. ; Ferri Sulph., Exsic., 2 grs. ; Acid. Arseniosum, 1-24 gr. ; Extract Taraxici, 1 1-4 grs.)	2 25	11 00
QUININE COMPOUND AND STRYCHNINE. (Quiniæ Sulphas, 1 gr. ; Ferrum Redactum, 1 gr. ; Strychnia, 1-20 gr. ; Acid. Arseniosum, 1-20 gr.)	1 90	9 25
QUININE, IRON AND NUX VOMICA. (Quiniæ Sulph., 1 gr. ; Ferri Carb. (Vallet's), 2 grs. ; Ext. Nucis Vomicæ, 1-4 gr.)	1 90	9 25
QUININE, PHOSPHORUS AND IRON. See Phosphorus, Iron, &c., above.		
QUININE, PHOSPHORUS AND NUX VOMICA. (Quiniæ Sulphas, 1 gr. ; Phosphorus, 1-60 gr. ; Ext. Nucis Vomicæ, 1-40 gr.)	2 50	12 25
QUININE, PHOSPHORUS AND NUX VOMICA. (Quiniæ Sulphas, 1 gr. ; Phosphorus, 1-60 gr. ; Ext. Nucis Vomicæ, 1-4 gr.)	2 50	12 25
QUININE, QUASSIA AND NUX VOMICA. (Quiniæ Sulph., 1 gr. ; Ext. Quassiæ, 1 gr. ; Ext. Nucis Vomicæ, 1-4 gr.)	2 25	11 00
TONIC (DR. AIKEN'S). (Quiniæ Sulph., 1 gr. ; Acid. Arsenosum, 1-50 gr. ; Ferrum Redactum, 2-3 gr. ; Strychnia, 1-50 gr.)	1 50	9 25

NOTE.—The **advantages** of a **perfect coating** of **Gelatine** are so obvious that many imitations of our Pills have been placed upon the market and called by different names, calculated to deceive the Profession as to their merits. We would call the attention of Physicians and Druggists to this fact, and **request** them to **specify McK. & R.'s in their prescriptions and orders.**

BE CAREFUL TO SPECIFY McKESSON & ROBBINS'.

SPECIFY McKESSON & ROBBINS' Oval Shape, Complete Coating.

IMPORTANT TO PHYSICIANS!

The fact that Sulphate of Quinine is only soluble in over 700 parts of water is not generally known, or if known not usually considered, except in prescriptions, when this difficulty is overcome by the addition of Acid; and the further fact that **Bi-Sulphate of Quinine** is soluble in **only 10 parts of water** is as little appreciated.

McKesson & Robbins have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in their **BI-SULPHATE OF QUININE PILLS,** and offer the same to the profession, confident that they will stand any test for solubility and prompt action. Physicians will please always specify **McK. & R. Bi-Sulph. Quinine Pills,** and they will not be disappointed in results.

Note.—With no reference to *respectable* druggists, we would say that cases have come to our knowledge and have been noted, where other pills have been substituted on prescriptions for ours.

POWDERED PURIFIED CHINOIDINE.

Containing all the Non-Crystalizable Alkaloids of Cinchona Bark.

Price to the Trade, - - 10 ozs., 35 cents per oz.

Similar preparations have been lately offered in market AT HIGH PRICES under different fancy appellations, and claims made for the same as of equal efficiency with Quinine.

As a great demand exists for a cheap anti-malarial remedy, we introduce this preparation at low figures; and, in order that the profession may judge practically of its merits, will forward a sample to any physician's address, or mail one ounce upon receipt of FIFTY CENTS.

IMPORTANT NOTICE.

McKesson & Robbins' Pills may be mailed direct, to druggists, from our own establishment, or from those who carry complete lines of our pills, in boxes of 100 and 500 each, upon receipt of list prices, less 25 per cent. discount, adding 2 cents per 100 for postage.

Our **QUININE, CINCHONIDIA and MORPHINE SALTS** may be mailed direct by us, in bulk, in tin boxes, at an expense of 5 cents per ounce, or 12 cents for 5 ounces. Remittances from those who have no account with us may be made by Post-Office Orders, or in postage stamps.

RECENT ADDITIONS TO OUR LIST OF GELATINE-COATED PILLS.

Iodoform, Iron and Quinine, No. 1, (Iodoformum, 1 gr., Ferri Protocarb., 2 grs. Quiniæ Sulph., 1-2 gr.)	3 75	18 50
Iodoform, Iron and Quinine, No. 2, (Iodoformum, 1-2 gr., Ferri Protocarb., 1 gr. Quiniæ Sulph, 1-4 gr.)	3 15	15 50
Iodoform and Nux Vomica, (Iodoformum, 1 gr., Ext. Nucis Vomicæ, 1-4 gr.)	1 60	7 75
Iodoform, Iron and Nux Vomica, (Iodoformum, Ferri Redactum, *aa*, 1 gr. Ext. Nucis Vomicæ, 1-4 gr.)	1 60	7 75

McKESSON & ROBBINS,

Wholesale Druggists and Manufacturing Chemists,

91 FULTON ST., NEW YORK.

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first was that of Dr. Freeman against the return of Dr. Macdonald for the Burlington and Home Division, on the ground that the returning-officer refused to allow himself or agent to be present at the counting of the voting papers. The Committee could find no law saying whether the counting of the ballot should be secret or not, and they returned Dr. Macdonald elected. The second protest was that of Dr. Day against the return of Dr. Irwin, on the ground that the latter was only elected by the casting vote of the returning-officer, and as several of the votes cast in his favour were bad, a recount was demanded. On the recount the vote stood, Dr. Day 36, Dr. Irwin 40, and the election of the latter was sustained.

Dr. Clark thought it would be better not to adopt the report until legal advice was obtained as to the question of residency, and until it was found out whether or not these votes were bad, as had been decided by the Committee. It was possible that a lawsuit might result from this election, and it would be well not to proceed too hastily.

Dr. Bergin was of opinion that if a voter changed his place of residence he was not disfranchized in the division which he had left until, as specified by the Act, he had notified the Registrar of his change of residence. The only guide for the returning-officer was the voter's lists, and they were not expected to perform the functions of a judge in the matter.

Dr. Wright moved that the report be referred back to the Committee, with instructions to regard the residence of a registered practitioner of medicine as the place where the voter resides at the time of the election.

After some discussion on the resolution the Committee rose and reported progress and the Council adjourned.

The Council reassembled at three o'clock, the President, Dr. Allison, in the chair.

The late President, Dr. Macdonald, stated that a writ of *Mandamus* had been served upon the Registrar to compel him to accept the registration of Mrs. Emily H. Stowe. The complainant set forth that she had been practicing since 1850. A communication had been received from her solicitor, Mr. Meek, and in reply he had been referred to the Registrar, who had the right, under the statute, to decide whether Mrs. Stowe's claim was valid or not. The matter was referred to the Registration Committee.

MEETING OF COUNCIL, EXAMINATIONS, ETC.

Dr. Macdonald introduced a by-law fixing the time for holding the annual meeting of the Council on the second Tuesday in June in each year. The by-law was passed through the different stages and declared carried.

Dr. McCargow introduced a by-law to fix the time for holding the professional examinations, which was referred to Committee of the whole.

The first clause fixed the date for holding the professional examinations on the first Tuesday in April for the next five years.

The second clause provided for the advertising of the examinations one month before being held.

The by-law was passed through committee and adopted in Council.

The President announced that Dr. O'Reilly invited the Council to visit the Hospital on Thursday at 12:30 p.m.

PUBLIC HEALTH.

Dr. Grant offered the following resolutions:—

1. That the members of this Council are of opinion that there is no subject of greater importance to the well-being and prosperity of the Dominion than that of public hygiene.

2. That in order to keep pace with the scientific progress of the age, and give greater evidence of an earnest desire to promote sanitary measures, this Council is of opinion that a Central Bureau of Health should be established at the Capital, under the control of the Federal Government.

3. That as a Central Bureau of Health meets with the unanimous voice of our profession in Canada, it deserves the well-timed consideration of the Federal Government.

4. It having recently transpired that a grand Congress of Hygiene will assemble in September next at Turin, and an invitation having been extended to all governments to send a representative; that Sir Charles Tupper, at present in England, be requested, on the part of our profession, to attend that meeting, and thus give evidence of our desire to promote the advocacy of the best possible means to lessen mortality and guard public health.

The mover considered that the subject of public health was one of great interest to the profession and the public throughout the Dominion, and he had prepared resolutions with a view of impressing upon the Government the importance of adopting some legislation in reference to it.

Dr. Brouse said the subject had engaged the attention of other Governments, as France, Germany, England, and the United States. In the latter country, at a recent meeting, the Federal Government was called upon to legislate on this subject. A Bureau on Sanitary Science had been established at Washington, and quite a sum of money had been devoted to the purpose of carrying out its object. Medical men were not simply satisfied with having a Bureau, but they demanded that there should be a Department of Health, as in Germany, England, and other countries. In England since 1844 no less than 48 public health Bills had been passed in Parliament, and it was shown by the returns that through the establish-

ment of hygienic laws the death rate in London alone had been reduced from 42 to 21. He thought the Ontario Government also should take steps to legislate on this question. It was the great question of the age, and its importance would be urged with greater force upon the attention of legislative bodies in the future.

The Chairman concurred in the views expressed, and the resolutions were carried unanimously.

THE TREASURER'S REPORT.

Dr. Aikins, through his son, submitted his financial statement for the year, May, 1879, to July 1880, containing the following balance sheet :—

Income—

Balance in bank from last meeting	$3,658	76
Assessment dues, fines, registration fees, &c.	1,724	14
Matriculation fees	1,470	00
Fees from candidates for professional examinations	3,180	00
Bank accommodation	1,667	77
Interest from bank on current account	51	62
	$11,752	29

Expenditure.

Remuneration of members at last council	$1,105	62
Accounts ordered to be paid at last meeting—		
Examiners	1,656	61
Other accounts	1,566	78
Official salaries	1,000	00
On building account—Principal	1,834	00
Do .... .do —Interest	360	00
Maturing notes	1,700	00
Matriculation examination expenses	379	11
Professional examination expenses	1,101	95
W. Smith, prosecutor—Fines received	366	14
Miscellaneous	347	15
Balance in Bank	345	53
	$11,752	29

The aggregate amount of the accounts incurred during the year which your Registrar will present for payment is stated by him to be in the neighbourhood of $4,000; this includes the remuneration of members of the Council for attendance this session. To meet this sum there is to your credit in the Bank of Commerce $345.53.

The report was referred to the Finance Committee.

On motion of Dr. Clark, seconded by Dr. Macdonald, it was resolved, "That in future the Treasurer of the Council shall be required to give security for $2,000, and two additional sureties in $1,000 each." Carried.

The council again went into Committee of the whole on the Report of the Committee on Credentials.

Dr. Bray, in reply to a question, stated that the books kept by the Registrar determined the residence of a voter.

Dr. Wright moved that the report be re-committed with instructions to take the residence of a voter to be the place at which he resides at the time at the election. Lost.

The report passed through Committee.

In Council, Dr. Wright moved his amendment, which was lost on the following division :—

Yeas—Drs. Burritt, Clark, Douglas, Geikie, Mostyn, Williams, Wright—7. Nays—Drs. Bergin, Bray, Brouse, Burns, Edwards, Grant, Henderson, Husband, Irwin, Lavell, Logan, Macdonald, Morden, McCammon, McCargow, Spragge, and Vernon—17.

The council then adjourned.

THIRD DAY.

The council met at half-past ten a.m.: after routine,

Dr. Burritt moved that the tariff adopted by the Newcastle and Trent Medical Association be sanctioned by the Council.

Dr. Bergin said he saw only one objection to the tariff, and that was that it was too low. After some discussion the matter was referred to a committee consisting of Drs. Vernon, Brouse, and Macdonald. The committee subsequently recommended the adoption of the tariff.

Dr. Macdonald moved, seconded by Dr. Bergin, "That it be an instruction to the Registrar to permit none of the numbers by which students under examination are distinguished to be divulged." He stated that frequently the numbers were made known, and the candidates who unfortunately did not pass fell into discredit. Carried.

Dr. Macdonald moved, seconded by Dr. McCammon, "That it be an instruction to the Education Committee to consider the propriety of examining on certain subjects in the final course orally as well as written, instead of by written examinations as at present, and that the final return of the examiners should be made within two weeks." The resolution was referred to the Education Committee.

RULES AND REGULATIONS.

The report of the Committee on Rules and Regulations was presented, recommending the appointment of a Special Committee of the Council for the purpose of framing a new set of rules for future guidance. The report was adopted in Committee of the Whole, and a committee was appointed consisting of Drs. Wright, Clark, and Burns.

The Council then adjourned and proceeded to the Toronto General Hospital, and after visiting the various wards partook of an excellent lunch provided for them by Dr. O'Reilly. The members of the Council expressed themselves as well pleased with the general appearance and management of this institution.

The Council re-assembled at 3 p.m., the President in the chair.

A letter was read from John McCrimmon, of Kincardine, claiming registration in Ontario, as he was duly registered in Great Britain. Referred to the Registration Committee.

EXECUTIVE COMMITTEE.

Dr. Bray moved, seconded by Dr. Geikie, "That the Executive Committee of the Council for the ensuing year consist of the following gentlemen :— The President and Vice-President, Drs. Lavell, Wright, Geikie, Burns, Burritt, Edwards, Mostyn, Husband, and the mover and seconder."

Dr. Clark moved in amendment that the Executive Committee consist of Drs. Burns, Macdonald, Edwards, Husband, Allison, and Bergin. He moved this on the score of economy. He had calculated that the Committee proposed by Dr. Bray would cost $138 a meeting, which at six or seven meetings in the year would be from $800 to $1,000. His Committee he calculated would cost $68 a meeting.

Dr. Geikie said that the majority of the profession required a large committee.

Dr. Grant said that the appointment of territorial men as proposed by Dr. Clark would give general satisfaction.

Dr. McDonald said that the Committee had always been large until last year, when it was made small in order to save money.

The amendment was carried.

APPOINTMENT OF OFFICERS.

Dr. Grant moved, seconded by Dr. Bergin, that Dr. Aikins be re-appointed treasurer of the Council.

Dr. Bray moved, and Dr. Burritt seconded, "That Dr. Burns be appointed Treasurer."

Dr. McCammon would support Dr. Aikins, as there had been no charge brought against his management of the finances. It looked as if the territorial men were determined to carry everything from the school men in making appointments.

Dr. Brouse said that when Dr. Aikins was first appointed he took the position without emolument, and on more than one occasion had advanced funds in order to keep the Council afloat. As he had not resigned it would be better to re-appoint him. Dr. Burns had already been honoured by the Council in being placed on the Execvtive Committee.

Dr. Geikie did not think that Dr. Aikins' management of the finances could be found fault with. Still he thought it was wrong to appoint a school man to the position of treasurer permanently, on account of the influence he might exercise in favor of his particular school on the students who came to him to pay their fees.

Dr. Burritt would favour the election of a treasurer to whom they could not impute any motive of advancing the interests of any school represented by him.

Dr. Clark supported Dr. Aikins' re-appointment. If it were found that Dr. Aikins had used his position for the aggrandizement of his school he would be the first to have him removed.

Dr. Lavell thought that Dr. Aikins had husbanded the resources of the Council, and had faithfully discharged his duties as treasurer. When a treasurer had performed his duty faithfully and well, it was hard to throw him overboard in the manner proposed.

Dr. McCargow paid a high compliment to the manner in which the accounts were presented to the Finance Committee. He felt bound, however, in deference to his constituents, to vote for an outside man.

Dr. Bergin said the question was not one of representation, but simply whether the treasurer had been an efficient officer and had done his duty by the Council. He did not think they should do an injustice to a faithful servant by listening to the many complaints and reports that had come to their ears, and having regard to the state of their finances, he did not think it would be wise to "swap horses while crossing a stream."

Dr. Grant's motion was carried on the following division : — Yeas— Drs. Bergin, Brouse, Clark, Grant, Henderson, Husband, Lavell, Macdonald, Morden, Mostyn, McCammon, Vernon, and Wright, —13. Nays—Drs. Bray, Burritt, Douglas, Edwards, Geikie, Logan, McCargow, and Williams—8.

Dr. Bergin moved "That Dr. Robert A. Pyne, son of the retiring Registrar, be appointed to the position." Carried.

The President read a communication from a firm of City Solicitors on behalf of Dr. Day, who was defeated by Dr. Irwin in the recent election for the Quinte and Cataraqui division. The Council were advised that unless they saw fit before the close of the present session to rescind the illegal decision arrived at, sustaining Dr. Irwin in his seat, an injunction would be filed in the Court of Chancery to obtain for Dr. Day recognition of his legal rights.

The matter was laid over till a subsequent sitting.

Dr. Grant, seconded by Dr. Mostyn, moved a resolution to the effect that unregistered medical practitioners of five years' standing be admitted to an examination on the practical subjects, at the next meeting of the board of examiners, and if found competent, they could avail themselves of the privileges of the Council. The matter was referred to the Education Committee.

Dr. Bray moved, seconded by Dr. Burns,— "That in the opinion of this Council the Legislature should be approached on the first favorable opportunity with a view of having the Medical Act so amended as to shorten the duration of the term for which each Council is elected, making such term three instead of five years, in deference to the widely expressed wish of the profession." A great many medical men throughout the Province were of opinion that the term of five years was too long, and he had been requested to bring the motion before the Council. Lost.

Dr. Burns moved, seconded by Dr. Bray, that hereafter no examiners should be appointed from the Medical Council. Lost.

Dr. Wright moved, seconded by Dr. Bergin,—"That a circular be issued and sent to every member of the College by the Registrar as soon after the close of the present session of the Council as conveniently may be, setting forth fully the present financial condition of the Council, showing the amount of arrearages of assessment and the necessity for immediate payment of these arrearages. Also calling the attention of members of the College to the necessity of notifying the Registrar of each change of residence by a member of the Council, and also to that clause of the Imperial Act under which registered practitioners under that Act can demand registration by this Council. Carried.

The Council adjourned at six o'clock, and repaired, in a body, by special invitation, to the residence of Dr. Fulton, where they were met and received by the editorial staff of the LANCET, Mayor Beaty, and a few private friends, partook of lunch and spent a very pleasant evening.

The Vice-President took the chair at 8.30 p.m.

Dr. Burns wished to say in reference to his recent candidature for the position of treasurer, that he consented in deference to the expressed wish of a majority of the territorial representatives, who felt that a school man should not hold the position. Personally, he had no objection to the present incumbent of the position; he had no desire for the office, but he could not resist the application, especially as there was no other eligible territorial representative resident in the city.

FINANCE COMMITTEE.

The report of the Finance Committee was presented by Dr. Mostyn. It recommended the payment of accounts amounting in all to $3,065.14. The expenses of the Executive Committee for the year were $462, and the item of law expenses amounted to $447.22. The Committee recommend that in future one-half of the fees should be returned to all unsuccessful candidates. Also, that the indebtedness of the Council, $3,065, be met by borrowing the money.

Dr. McCammon moved in amendment that in future the full fee be charged, but that unsuccessful candidates be allowed a second examination free of charge. Carried.

The report as amended was then adopted and the Council adjourned.

FOURTH DAY.

The Council re-assembled at 11.30 and adjourned till the afternoon, to allow the Committees to prepare their reports.

The President took the chair at 3 p.m.

Dr. McCargow presented a petition from E. B. Riley, medical student of Hamilton, complaining of the recent change of curriculum requiring a four years' study after matriculation, instead of three years as required by the old announcement of 1876-7, and asking to be allowed to come up for his final after having attended lectures for three years. The petition was granted.

Dr. Macdonald read a communication from the Under Secretary of State in reference to the steps which are being taken in the matter of the proposed change in the Imperial Medical Act. The letter stated that correspondence was going on between the Dominion and the Imperial Governments on the subject.

A communication was read from the Treasurer, calling attention to the fact that, in 1879, Dr. Kennedy had received $25 in excess of the amount to which he was entitled for his services as an examiner. The letter was referred to the Executive Committee, with instructions to collect the amount.

A communication was read from Dr. Day, asking the Council to furnish him with a list of votes struck off which were polled in his favour at the recent medical territorial election held in the Quinte and Cataraqui division, and to state the reasons why each vote was struck off. The communication was laid on the table.

Dr. McCammon moved, seconded by Dr. Bergin, "That Mr. Dalton McCarthy, Q.C., be appointed solicitor for the Council."

Dr. Macdonald moved that Messrs. Crooks, Kingsmill & Cattanach be the legal advisers of the Council.

Dr. Clark did not see any necessity for changing the counsel. The firm of which Hon. Mr. Crooks was a member had been the solicitors of the Council for years, with good satisfaction. Besides, this connection might be very desirable to the Council if they wished to bring any matters before the Ontario Legislature.

Dr. Bergin said that if they had to retain Mr. Crooks in order to get Parliamentary work attended to, they had better get rid of him at once.

The nomination of Mr. McCarthy was carried by 12 to 6.

Dr. Douglass moved, and Dr. Bray seconded, "That in order to give more general satisfaction throughout the different territorial districts, deputy returning-officers be appointed in each subdivision." The motion was referred to the Executive Committee.

BUREAU OF HEALTH.

Dr. Clark proposed the following resolution:—"That in the opinion of this Council, while it is very desirable that a Central Bureau of Health for this Dominion should be established at Ottawa, the Provincial Government of Ontario should make some provision at an early day for promoting the

public health in this Province by providing for some central organized body, such as the Government may deem best, with functions similar to the Imperial Boards of Health of most European countries, and the State Boards of Health of most of the United States, chiefly for the purpose of educating the people in health matters, obtaining information in reference to the public health and for perfecting as far as possible, the returns of vital statistics." Carried.

INCREASED REPRESENTATION.

Dr. Geikie moved, seconded by Dr. Mostyn, "That in the opinion of this Council a very considerable increase in the number of territorial representatives will greatly conduce to its popularity, and to securing, as its due, the fullest sympathy and confidence of the profession and the public." The mover offered the resolution entirely in the interest of the profession, and without any private motive to serve.

Dr. Lavell was not opposed to an increase of representation, but it would have to be well considered. There was an inequality, and he was willing to rectify it as squarely as could be done. He would be glad if they could go the Legislature and ask for a change, but they would need to be united and go as one body, or the Government would send them back to reconcile their views and present a united measure.

Dr. Bergin said that it was not in the interest of Dr. Geikie that there should be an increase in the territorial representation, and he was merely throwing a sop to them. He was tickling them with a straw, and he had abandoned his allegiance to the schools.

Dr. Geikie called attention to his statement that he had no personal interest in supportiug the resolution.

Dr. Bergin accepted the statement. He thought the present time was inopportune for a change in representation. If they approached the Legislature in the present state of feeling they would be almost sure to meet with failure.

Dr. Logan said there were three or four colleges having representatives in this Council, who had no more right to a seat than the chairman of a respectable literary institution. They were mere figure-heads, discussing medical subjects in which they had not the slightest interest in the world. The Council was in danger of being swamped by the representatives of these institutions, who, in reality, represent nobody.

Dr. Clark, as one of the nondescripts alluded to, did not think that any one on the Council should say to them whether they had a right to be there or not. Their presence there was not improper until they were forbidden by the Act. If it was intended to abolish the present order of things and seek for new legislation, he would favour representation by population.

The motion was lost by 11 to 10. Yeas—Drs. Bray, Burns, Burritt, Douglas, Edwards, Geikie, Irwin, Mostyn, McCargow, Williams. Nays—Drs. Bergin, Clark, Henderson, Husband, Lavell, Logan, Macdonald, Morden, McCammon, Spragge, Vernon.

Dr. Bray moved, seconded by Dr. Logan: "That it is expedient, in view of the increasing number of teaching bodies in the Province who send members to the Council, that a change in the Act should be made, and that a committee should be appointed whose duty it shall be to thoroughly enquire into this matter and report at the next meeting of the Council, with a view of making a change in section 6 of the Medical Act."

Dr. Clark pointed out that the representatives of these institutions represented large numbers of graduates.

Dr. Bergin admitted that the schools had a right to be represented, but favoured a readjustment of the representation and a further division of the territories.

Dr. Williams considered it anomalous that institutions only teaching arts, and not medicine, should be represented in the Council.

Dr. Macdonald said he would not increase the territorial representatives, but would restrict the school members by grouping two or three together.

Dr. Burritt pointed out in reply to Dr. Bergin's objection, that the passing of the resolution did not involve their going to the Legislature.

Dr. Logan said there were no facts to warrant the apprehension that the Legislature would not do the Council justice.

The resolution was carried by 11 to 8.

On motion, a vote of thanks was passed to Dr. Fulton for the previous evening's entertainment.

FINANCE COMMITTEE.

Dr. Mostyn presented the second report of the Finance Committee, which was adopted without amendment. It recommended that the annual fee be $1; that $100 and travelling expenses be allowed examiners, and $50 additional to the examiner in anatomy. The amount of assessment collected last year was $200 in excess of former years.

Dr. McCargow introduced a by-law to fix the allowance to members at $10 a day while attending the Council, with reasonable travelling expenses.

Dr. Allison said that the funds would not meet such an allowance this session.

The by-law was finally adopted by 13 to 5.

REGISTRATION COMMITTEE.

Dr. Vernon presented the report of the committee. It recommended that Dr. Thrall and Miss Gress be not registered; that Mrs. Emily H. Stowe and Mr. Perras be allowed to register, also John McCrimmon on furnishing certificate of Imperial registration; and that the application of Mr. Lister be deferred.

The report was adopted.

EDUCATION COMMITTEE.

Dr. Lavell submitted the report of the Education Committee.

It recommended that the holders of A A certificates, McGill and Bishop's Colleges, be not accepted as having passed the matriculation examination of this Council; also that the same privilege be denied graduates from the Detroit Medical College; that Paul Cameron having only failed in botany, be passed his primary.

It recommended some changes in the curriculum and announcement. An important change in the matriculation regulations was one substituting, after the first of July next, the Government intermediate examinations for the matriculation examination. The registration of matriculation fee was passed at $20.

The following examiners were appointed:—Anatomy—Dr. Sullivan, Kingston; Medicine—Dr. Eccles, London; Midwifery—Dr. Robertson, Toronto; Physiology, &c.—Dr. Tye, Thamesville; Surgery—Dr. Buckley, Prescott; Chemistry—Dr. Barrett, Toronto; Materia Medica and Botany—Dr. Stevenson, Strathroy; Jurisprudence—Dr. C. T. Campbell, London; Homœopathic Examiner—Dr. Hall, Toronto; Matriculation Examiners—Messrs. McMurchy and Knight. The report was adopted.

A cordial vote of thanks was passed to the late Registrar, Dr. Pyne, for the zeal and efficiency displayed in the discharge of his duties for the past seven years. The thanks of the Council were also tendered to Dr. O'Reilly for his invitation to visit the hospital; and to the President and Vice-President of the Council.

The Council then adjourned *sine die.*

DIGITALIS—HOW TO USE.—M. Simon, *Hop. des Infants*, Paris, observes: Organic affections of the heart may manifest themselves under two forms, entirely different, which distinction it is necessary to have constantly in mind if you wish to give digitalis with advantage, and avoid its use where it may not only be of no benefit but even injurious. When the contractions of the heart, although irregular and unequal, are yet quite energetic, the pulse strong, the palpitations frequent and violent, especially when visceral congestions, accompanied with cephalic troubles and epistaxis, are present, you will give digitalis—not as a heart tonic, but as a heart moderator; and you must give it in comparatively large doses. When, however, the contractions of the heart are feeble and abortive, the pulse small and filiform, accompanied with a tendency to passive congestion, pulmonary engorgement, cyanosis, of a more or less permanent character; in cases in which the heart is dilated without being hypertrophied, or has undergone fatty degeneration, if you administer digitalis it must be with the greatest caution and reserve, and only as a tonic—that is to say, in very small doses, and its use suspended as soon as possible. When, which is a rare thing with children, organic affection of the heart is complicated with œdema, albuminous urine, pleuritic effusion, or ascites, you may confidently expect the best results from the diuretic effects of the remedy, with the diminution of these effusions. You would, however, err, if in many of these cases you persevered in the administration of the remedy until you had accomplished the above results, for you will frequently see diuresis occur after the suppression of the drug, which, if continued, would have lost its action, or even produced results quite contrary to your expectations. At the same time, we can not too much insist on your using vigorously all additional means calculated to sustain the strength of your patient, such as massage, frictions to the surface, with or without the use of alcohol, repeated several times a day, and which will aid much in stimulating the capillaries and promote venous circulation. —*Ohio Med. Recorder.*

REPAIR OF EXSECTED FRAGMENTS OF NERVES, WITH RESTORATION OF FUNCTION.—At the recent Congress of German Surgeons (*Cbl. f. Chir.*, No. 1880), Gluck, of Berlin, read a paper on this subject based upon a long series of experiments upon animals, and going to show that plastic operations on the larger nerves can be undertaken with success. Parts of two neighboring nerves have been split off and united crosswise with each other; two entire branches have been cut through and then joined crosswise; and recently neuro-plastic operations have been undertaken with success. Gluck excised from the ischiatic nerve of a hen a piece two centimetres in length, and then, excising a somewhat smaller piece from the ischiatic of a rabbit, sewed it in the break, so as to take the place of the lost piece of nerve in the hen. Eleven days after the operation the wound, which had healed by first intention, was opened, and the implanted piece of nerve was found firmly united. When the ischiatic was pinched at a point above the place of operation, the muscles supplied by the nerve were moved to contraction. Central nervous conduction through the foreign piece of nerve was also established. A series of similar experiments showed that the species of animal from whence the foreign nerve was taken made no difference, nor did reversing the direction of the foreign piece of nerve make any difference. It was found essential to the success of the experiments that the wound made should heal by first intention, so that the newly-formed substance should not be more than a millimetre in thickness. Electrical conduction does not appear to be established so early as conduction of painful sensation or of pinching. Gluck thinks that the fibres responding to this excitation do not become regenerated so rapidly as the others.—*Med. Times.*

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AGENTS.—DAWSON BROS., Montreal; J. & A. MCMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, AUG. 1, 1880.

BROMIDE OF ETHYL.

This anæsthetic has been prominently introduced to the profession of Canada, by Dr. Hingston, of Montreal, who has been using it for some time in the Hotel Dieu, and in private practice, to the exclusion of other anæsthetics. A number of cases are given, in which its use has been found satisfactory, and we glean from the paper read before the Medico-Chirurgical Society of Montreal, Dr. Hingston's impressions. We give the following extracts from his paper:

"There would seem to be much similarity of action on the economy in the ethyls, methyls and formyls, and in their adaptability to anæsthetic purposes. Chloroform for many years held its sway, undisputed save by ether; and in the claims of each, the Atlantic ocean seemed to divide the two camps—British practitioners holding, in great measure, to the discovery of Simpson; and American practitioners to the anæsthetic of the Boston school. In Canada, chloroform has been more generally used. I may say, until within the past few years, it has been used almost exclusively in hospitals and dispensaries. As I have not had any serious accident in the administration of either anæsthetic, I have come to regard both with confidence, and without misgivings. Still, deaths are now and then recorded from ether, and more frequently still from chloroform; and in the hands, too, of the most competent. But I am satisfied these untoward results would be less frequent were the administrator of either anæsthetic to give his *undivided* attention to his work, and not occupy himself, as too often happens in surgical cases, with the doings of the operator.

A couple of years ago, at the recommendation of Spencer Wells, I made use of the bichloride of methylene. It has the color, nearly the taste, and very nearly the smell of chloroform. I could see no difference in its action, and seeing no difference in its action but much difference in the price, discontinued it. Spencer Wells claims that vomiting is less frequent with the bichloride of methylene than with chloroform, but as I have not observed vomiting from the latter to be frequent when properly administered, I could see no difference in that respect."

Not long ago attention was drawn in the columns of the medical press, and chiefly by Dr. R. J. Levis, in the *Medical Times*, Philadelphia, to Hydrobromic Ether. Dr. Hingston procured a quantity of the new anæsthetic of Wyeth & Bro's preparation of Philadelphia, for trial. It was administered as he had been in the habit of administering chloroform, on a thick towel folded into a cone. The air was excluded as he had been accustomed, except in old persons, to exclude the air when giving chloroform or ether. But while never measuring the quantity of chloroform, nor watching the pulse, some attention was paid to these matters with the new anæsthetic, measuring the quantity and often noting the pulse.

He says "he was first struck with the rapidity of action of the bromide of ethyl as compared with ether or chloroform, in inducing complete anæsthesia; and more still with the suddenness of the return to consciousness. So sudden indeed was this return that it appeared to some of those present on certain occasions that the patient had not slept at all. In only one case was there difficulty in inducing anæsthesia. Upon a stout muscular young man an attempt was too suddenly made, and without any warning by my assistant, to bring him under the influence of the bromide. Considerable cerebral excitement was manifested, and the violent muscular resistance offered rendered proper application of the towel extremely difficult. This was the only exception to what was observed in all the other cases, and could have been easily avoided by making an equally rapid influence, but with a more thorough assent on the part of the patient, the greater ease with which this anæsthetic is inhaled facilitating its use. With the exception noted there was scarcely any emotion, and no struggling, save in the case of an infant, who could form no appreciation of the ordeal to which it was

being subjected. As is the case with other anæsthetics, there was increased rapidity of the heart's action, and greater general arterial tension, as Dr. Levis terms it. With the increased frequency of the heart's action, there is, as might be supposed, increased frequency in respiratory movements, but less than with ether or chloroform; and less heaving than with the nitrous oxide gas. In not one case have I noticed vomiting, and this alone would seem to give it a great advantage over chloroform, which, though occurring more frequently with the latter than it should, due in great measure to faulty administration, yet sometimes occurring notwithstanding every effort to prevent it."

"In the trial of the bromide of ethyl I, for the most part, disregarded the pulse, being firmly of opinion that when death does take place, the heart is always the last to register the untoward event, but when noted it was recorded either by my colleague, Dr. Brunelle, or the *interne* Mr. St. Jacques, or my student Mr. Bastian, or myself, but not by them or by myself, and for the reason given, with anything approaching that exactness which obtained in Paris when the anæsthetic was undergoing trial there."

A number of cases in surgical practice are then given, in which the new anæsthetic was administered with satisfactory results, and the Dr. concludes as follows:

"Bromide of ethyl has now, for a time at least, taken the place of other anæsthetics at the Hotel Dieu; and as no features of special interest have been observed, none are here recorded. In private practice I have had occasion to use it many times since I commenced its use at the hospital, and from my experience, so far, I am disposed to give it the preference over chloroform, on account of its milder and pleasanter action. Over ethyl, it has one great advantage; pure bromide of ethyl is non-inflammable. By the surgeon who adds, to his usual armamentaria, lamps and atomizers, that disease germs may be brought to understand: "So far shalt thou go, and no further," this quality of the new anæsthetic will be duly appreciated."

The conclusions at which he has arrived after a short, yet a sufficient trial are:

1st. That bromide of ethyl, or, as it is indifferently called, hydro-bromic ether, is an anæsthetic of great value.

2nd. That being less pungent than ether, and less irritating than chloroform, it can be administered with greater facility than either.

3rd. That it is far more rapid in its action than ether, and even more rapid than chloroform.

4th. That the pulse and breathing are less influenced than with ether or chloroform.

5th. That there is less resistance and struggling on the part of the patient.

6th. That, judging by limited experience, vomiting is less frequent than after chloroform or ether.

7th. That in no case was there disposition to fainting.

8th. That it is eliminated from the body much more rapidly than any anæsthetic except laughing gas."

If the above propositions are fairly stated it follows as an obvious corollary; that bromide of ethyl is one of the, and in some respects, the most valuable anæsthetic hitherto used. The Dr. confined his observations advisedly to the use of bromide of ethyl in surgery. What aid the accoucheur may obtain from it remains, in great measure, to be seen. Dr. Turnbull claims that, when used in tablespoonful doses when the pains are most intense and distressing, it gave as prompt relief as ether, and yet it did not interfere in the least with the expulsive efforts. The quantity given appears large, and would indicate that it had been administered as chloroform usually is in obstetric cases, largely diluted with air; whereas, in all Dr. Hingston's cases, he endeavored, save in old persons, to have the air excluded as much as possible.

THE ONTARIO MEDICAL COUNCIL.

The new Medical Council of Ontario is to be congratulated upon the character of the work which has been done at the recent meeting,—the minutes and proceedings of which will be found in another column. It is indeed most gratifying to all who are earnestly seeking the general good of the profession and the advancement of higher professional education, to find the new Council so harmonious, and so much inclined to throw aside all minor differences and to unite in the important work of reform. The obnoxious regulations which were a disgrace to any intelligent body have been completely overhauled and amended, or entirely swept away as appeared desirable; a new and better matriculation has been adopted, and a new

policy has been inaugurated, which if carried out, will not fail to command the respect and confidence of the entire profession. The adoption of the High School Intermediate examination in lieu of the present Council matriculation is of itself a great step in advance of the former state of things, and will be found to work well.

It was not to be expected that all the reforms for which the profession has been crying out, should be accomplished at once. It will be seen, however, that some that were refused in letter, have been carried out in spirit; for example, although the Council voted down the resolution that no examiners should be chosen from the Council, yet they were careful not to violate the spirit of the resolution by appointing any member of the Council on the board. This is the first time in several years that an entirely outside examining board has been appointed, and so long as this continues to be the rule, we see no occasion for pressing the motion. Again although the motion to increase the territorial representation was lost by the small majority of one, the Council passed a resolution to appoint a committee to enquire into the whole matter of representation and report at the next meeting. Some very plain language was also used during the debate in regard to colleges, without teaching bodies connected with them either directly or indirectly, sending representatives to the Council; and the representatives must have felt conscious of the weakness of their positon when they took refuge in the ambiguous wording of the act as a justification of their presence in the Council. Personally we have not a word to say against these gentlemen; they are warm personal friends for whom we have the highest respect, but we feel that they have allowed themselves to be placed in a false position. The act must be amended in this respect, or there will be no end of college representatives on the Council.

We regret to learn that the Council is again threatened with another law suit. One of the crying evils of the old Council was that their decisions on all points of law were sure to lead them into a law suit, in which they as certainly failed. We do hope the new Council may escape this calamity. We fear, however, that the decision of the Council in reference to the contested election of Drs. Day vs. Irwin, for the representation of the Quinte and Cataraqui division, will eventuate in a law suit. The matter entirely hinges upon the question of the residence of the voter. There can be no doubt that in law, a voter's residence means his domicile, —the place where his family resides and where he himself resides when at home. A man may be travelling about, and yet have a domicile in some Terrritorial Division, and in that division he has a right to vote. We understand that the Council decided the residence of a voter to mean the place where he is registered, according to the books of the Registrar, no matter if he resides in Kamtschatka. This is clearly wrong in law; if the voter removes to a different Territorial Division from that in which he was registered, he has a right to vote in the one to which he has removed, and if he goes to the United States or Kamtschatka he is disfranchised altogether. The Act states very distinctly 'that one member shall be elected from each territorial division by the registered practitioners *resident in such division*.'

In regard to the treasurership of the Council, that bone of contention for years, we regret very much the action of the Council, but as we have already said, we cannot expect all reforms to be carried immediately. No one expected Dr. Aikin's reappointment—not even his most intimate friends. We have no doubt, his absence in England had something to do with his retention in office in the face of the remonstrance of the Territorial representatives, and the profession, as some may have felt a delicacy in voting him out of office in his absence.

To some it may appear a very trivial matter to appoint the president of one of the medical schools to so important an office, and one so advantageous to the school to which he belongs; but we feel assured if the dean of any of the other schools in the Province were appointed, it would occasion a howl from those who are now so eager for the advantages which the position affords. In the words of our correspondent of last month: "If the Toronto School of Medicine needs such questionable means of support to hold its own, it must be weak, and the party who uses the means can be neither fairminded nor honorable."

ELECTRICAL INSTRUMENTS.—We desire to call the attention of the profession to the electrical instruments manufactured by Mr. Potter of Toronto. Those in need of such instruments will do well to correspond with him, or send for a circular.

College of Physicians and Surgeons, Que.—The Triennial election of Governors of the College of Physicians and Surgeons, Que., was held in Montreal on the 14th ult. The following gentlemen were elected: Drs. Howard, Craik, David, F. W. Campbell, Robillard, Rodger, Lachapelle, Rottot, Trudel, Hingston, Church, Gibson, Ladouceur, Perrault, Prevost, Lafontaine, Laberge, P. E. Mignault, Lanctot, Austin, Worthington, Larue, Belleau, Marsden, St. George, L. Larue, Parke, Rinfret, (sr.,) Sewell, Lemieux, Marmette, Gingras, Simard, Michaud, Robitaille, Rosseau, Bonin, Ross, Gervais, and Desaulniers.

The Governors met on the 15th to elect officers. The following were chosen:—President, Dr. Howard; Vice-Presidents—Quebec, Dr. Lemieux; Montreal, Dr. Trudel; Registrar, Dr. Larue; Secretaries—Quebec, Dr. Belleau; Montreal, Dr. Campbell; Treasurer, Dr. Lachapelle.

We have received a letter from Dr. Woolverton, Returning Officer for the Burlington and Home Division, in reply to Dr. Freeman's communication of last month, which was too late for insertion in the present issue. The Dr. explains the matter fully and removes all grounds of even the suspicion of favoritism on his part, in the recent election referred to.

Bishop's Medical College Faculty.—The *Canada Medical Record* announces the following changes in the Faculty of Bishop's College:—Dr. David, Dean and Emeritus Prof. of Practice of Medicine. Dr. F. W. Campbell, Prof. of Practice of Medicine. Dr. Wilkins, Prof. of Physiology and Pathology, and Lecturer on Histology. Dr. Perrigo, Prof. of Surgery in place of Dr. Slack resigned. Dr. J. C. Cameron, Prof. of Medical Jurisprudence and Lecturer upon Diseases of Children. Dr. A. L. Smith, Demonstrator of Anatomy, and Dr. J. L. Foley, Assistant Demonstrator of Anatomy. Dr. Leprohon has resigned the Professorship of Hygiene in Bishop's College.

Removals.—Dr. Brodie, of Montreal has removed to Honolulu, Sandwich Islands, where he intends to practice his profession. Dr. G. W. Nelson, of Mount Forest, has removed to Marbleton, Que., where at the solicitation of many friends he has commenced practice.

Huron Medical Associanion.—Drs. McLean, Sloan, Campbell, and Stewart have been appointed delegates to the Canadian Medical Association, to be held in Ottawa on the 1st of September.

Appointments. Dr. H. H. Wright has been appointed representative of the Toronto school of Medicine in the Ontario Medical Council, and Dr. U. Ogden on the Senate of Toronto University *vice* Dr. W. T. Aikins, resigned.

Dr. Adam H. Wright has been appointed associate lecturer on Physiology in the Toronto School of Medicine.

Coroner.—Archd. McLay, M.D., of Woodstock, has been appointed associate coroner for the County of Oxford.

Books and Pamphlets.

A Text-book of Physiology. By M. Foster, M.A., M.D., F.R.S., Trinity College, Cambridge, with notes and additions by E. T. Reichert, M.D., Philadelphia, with 251 illustrations. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

This is an edition precisely similar to the one recently issued by McMillan & Co., but with the addition of some matter on Histology which the work required for American students, and also the introduction of cuts. The work is, in the present form, all that can be desired as an elaborate text-book on this interesting and important subject.

Report of the Rockwood Asylum for Insane. By W. G. Metcalfe, medical superintendent, Kingston, Ont.

Report of the London Asylum for Insane. By R. M. Bucke, M.D., medical superintendent, London, Ont.

The approach of the holiday season reminds us of Amédée Latour's aphorism: Patients are comparable to flannel, neither can be quitted without danger.

Births, Marriages and Deaths.

In Hamilton, on the 13th ult., Thos. White, M.D., in the 35th year of his age.

At Burlington, on the 5th ult., Dr. W. N. Campbell, late of New York, aged 31 years.

On the 16th ult., Dr. H. P. Smith, of Digby, N.S., in the 45th year of his age.

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